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National evaluation of the Troubled Families Programme 2015 - 2020: service transformation – case study research: part 1

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Authors and acknowledgements

1 Background and context

Troubled families is one of the most ambitious family programmes ever introduced in this country and one of only two family programmes (the other being Family Nurse Partnership[1]) with major funding from central government. The programme aims to achieve significant and sustained progress with around half a million of the most troubled families in England: families with multiple, persistent and often severe problems who have usually received a high level of input from other agencies, that did not result in positive and sustainable changes.

The programme aims to work with families in a holistic way which is not constrained by agency boundaries. The programme works with every family member who needs support; it deals with the full range of issues a family needs to address, and the level and type of support provided is based on what is most likely to work for a family - be it help with getting the children to school, finding a job, dealing with domestic violence, substance abuse, mental health issues or child neglect.

As the Troubled Families Programme has been designed to transcend agency boundaries, it has a potential transformative effect on both families and on service delivery. When successful, it can provide a model of how effective intervention puts the family at the centre with agencies working in partnership 'around the family'; further it is supported through a funding model (i.e. payment by results) that requires regular scrutiny of whether the programme is making a difference.

In September 2014 the 51 best performing local authorities began delivery of the expanded Troubled Families Programme, which was rolled out nationally in April 2015[2] and replaced the first programme which had been in place since 2012. The expectation that the programme should evolve in response to emerging evidence of what works in supporting the most fragile families is reflected in the focus of the Troubled Families Programme on:

• a greater focus on early years, when intervention has the potential of being most effective[3];
• contributing to the early help agenda and to delivering early support when families face issues (e.g. domestic violence and abuse) often associated with children safeguarding concerns[4].

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[1] http://fnp.nhs.uk/

[2] https://www.gov.uk/government/news/troubled-families-programme-expanded-to-help-younger-children

[3] Allen, G (2011a). *Early Intervention: the next steps: an independent report to Her Majesty's Government*, London: Cabinet Office. Allen, G (2011b). *Early Intervention: smart investment, massive savings: the second independent report to Her Majesty's Government*, London: Cabinet Office.

[4] HM Government (2013) *Working together to safeguard children*, London: Department for Education.

The Troubled Families Programme is also characterised by the following key issues:

- Payment on delivery has been reduced in the Troubled Families Programme – from £4000 per family to £1800. However, it is anticipated that a focus on early intervention in the current programme will mean that many families will need lower levels of support and
- New outcome measures will be more nuanced and granular in line with the requirement to develop local Troubled Families Outcomes Plans as part of the Troubled Families Programme's approach of transparent accountability to inform future investment decisions.

This report presents findings from qualitative research among staff delivering the Troubled Families Programme, and families receiving services. It represents one element of the national evaluation of the programme, alongside a longitudinal quantitative family survey, quantitative surveys of delivery staff, and monitoring via data collected as part of the National Impact Study and Family Progress Data. The overarching evaluation aims to explore the level of service transformation driven by the programme as well as the impact of the family intervention approach on outcomes for families themselves.

Overall in-depth interviews were conducted with 48 families across eight of the nine local authorities participating in the qualitative staff survey and 79 troubled families staff (including keyworkers and practitioners) in all nine participating local authorities. This was originally intended as ten case study areas but one dropped out at an early stage. Eleven case studies will be covered in the next wave of fieldwork.

The first section gives findings on the experiences of the families in the Troubled Families Programme, and how the delivery of troubled families services relates to key principles of whole-family and integrated working. These findings draw on data from 48 in-depth interviews with families, alongside data from interviews with around 15 keyworkers.

The second section presents findings on how local authorities have responded to the Troubled Families Programme and the extent to which service transformation has taken place. These findings are based on over 60 in-depth interviews with practitioners and 48 interviews with families[5].

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[5] This was originally intended as ten case study areas but one dropped out at an early stage. Eleven case studies will be covered in the next wave of fieldwork.

2 Research objectives and methodology

In this section we outline the research objectives and methodology used in this study.

Research objectives

The overall aims of the qualitative research element of the research study are:

To better understand the delivery of the Troubled Families Programme, exploring how local authorities have responded to the expanded programme and the extent to which service transformation has taken place and, if so, how this has been manifested. This includes examining their role in delivering a family intervention approach, the skills needed by keyworkers to do this successfully, and the lessons that can be learnt and recommendations made in this regard. It also involves an exploration of the role of employment advisors (secondees from the Department for Work and Pensions who boost the employment offer in each local authority) and the impact that they are having on outcomes and how the programme is received more broadly.

To provide descriptive accounts of how the Troubled Families Programme is received by families. This involves conducting research to understand the lives of the families participating in the programme; the nature of their problems and the interplay between them. It includes an exploration of the experiences of intervention, examining how these change over time, along with their views on whole family working; how this operates, and what the key success factors are.

In order to ensure that suitable research materials were developed for this study, a scoping phase (consisting of in-depth interviews and a workshop with key stakeholders) was conducted. The output of this scoping phase was a report and a logic model which were used to inform discussion guides and analysis frameworks for the main stage of fieldwork.

The first phase of fieldwork, covered in this report, aimed to address these questions and generate a body of data which would allow us to explore the nature and impact of change over time at the next wave of fieldwork.

Sampling and recruitment

Qualitative sampling seeks to ensure sufficient range of response in addition to symbolic representation[6] i.e. selection on the basis of characteristics hypothesised to be most relevant to the research questions. A qualitative sample is therefore constructed using a purposive sampling logic.[7] Given the nature of the research questions, a case study approach was taken and nine local authority case studies were selected for the study. Convenience was a factor in the sampling: given the burden involved, it was necessary that local authorities

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[6] Qualitative Research Practice (2013) p118.
[7] http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1120242/

were willing and had capacity to participate in the study. Beyond this though, it was also important that a diversity of the following factors was included:

- Geography/ locality/ type of local authority;
- Scale of programme/ numbers of troubled families in areas; and
- Type of delivery model of programme.

Case study areas were selected from the Wave One and Two early starters only for the 2015-16 programme of research. Our final sample of nine local authorities achieved a range of types of attributes across the sample. There was a range in terms of scale of the Troubled Families Programme, and how evolved the programme was, meaning we were able to capture a range of approaches to interventions. We were, however, unable to include a local authority from London in the sample, and aim to rectify this at the next wave of the study in 2017.

Within each case study area that participated we spoke to around six families and six staff members, including those with strategic roles, including partners and stakeholders, and delivery staff.

Practitioners were sampled through initial discussions with Troubled Families Co-ordinators as to who would be most appropriate to involved in the study, guided by suggestions from Ipsos MORI as to the inclusion of a mix of strategic and delivery staff. Staff/ practitioners interviewed in the study included:

- Troubled Families Co-ordinators
- Service managers
- Troubled families team leaders/ data managers
- Troubled Families Employment Advisers
- Frontline troubled families staff (e.g. keyworkers and lead workers)
- Programme partners from other areas (e.g. from within schools, housing, health, policing and social care services)

Families were sampled with a view to interviewing households who were relatively new to the Troubled Families Programme, so that we could compare their experience at the early stages of the process to their views of it towards the end of the process. As such we asked local authorities to provide a sample of families that had been on the programme for a maximum of six months. This time frame was suggested to allow for local authorities to still have some flexibility to deliver the sample which could cover the other key criteria. Local authorities were asked to identify a sample of suitable families, guided by advice from Ipsos MORI on including a range of intervention type and issues experienced by families within the sample provided.

Difficulties experienced by families covered in the sample included crime/ anti-social behaviour; children who have not been attending school; children at risk of abuse – i.e. those supported by a Child Protection Plan; adults out of work/ young people at risk of financial exclusion; families affected by domestic violence or abuse; and, parents and children with a range of health problems. In sampling we aimed to cover a range of issues

faced to understand the processes and support relevant to these situations. Further, it was important to include a range of intervention levels and types to explore whether there were differences in experiences depending on extent of support received.

Once selected, Ipsos MORI asked families' key/ lead workers to ask families to take part in the research. Keyworkers were briefed on the study and sent information leaflets for them and for families. Once initial consent to participate had been obtained by keyworkers, Ipsos MORI interviewers contacted families. Families were provided with a cash incentive of £60 to thank them for their time and cover any costs incurred in participating.

Aggregate sample information for families and staff practitioners is included in Appendix 2.

Research materials, fieldwork and analysis

Data for practitioners was gained through in-depth interviews conducted face-to-face and by telephone, depending on what was most convenient for participants. Three different discussion guides were developed: one for Troubled Families Co-ordinators, one for key/ lead workers and one for Troubled Families Employment Advisers. Although tailored for each group, the key topics covered included:

- National programme and local context: the aims of the Troubled Families Programme, the main referral routes, and key partnerships in that area.

- Service transformation: detail on what the key aspects of the programme (working with the whole family; early intervention; multi-agency approach) meant to them. The outcomes that they are aiming for and how payment by results is working for them.

- Families: how families experience the programme; the support they receive and how it looks from their perspective.

Data for families in this wave was collected through face to face in-depth interviews, including participatory exercises, designed to collect rich, personal accounts of families' experiences of the scheme and any early impact on them. The discussion guide covered the following key areas:

- Families' background and historic service use: family history and previous service use.

- Families' experience of the Troubled Families Programme and other services that they are accessing: from referral, through to assessment, and service delivery; what has worked well and what hasn't worked as well.

- Initial signs of impact on individual families; have outcomes improved/ their needs changed.

- Hopes for the future and for the programme's effect on their household.

The full discussion guides are appended to this report. Fieldwork was conducted by experienced in-depth interviewers, from late October 2015 – March 2016.

Analysis was underpinned by the theory of change developed in the scoping stage of the study and through developing an initial thematic framework for the study following early (pilot) interviews. Data management was conducted using the Framework approach within the software programme NVivo 10, which supported rigorous and comprehensive within-case and thematic analysis. A thematic codeframe (appended to this report) was used to systematically code and summarise the full dataset, which included detailed fieldnotes and/ or transcripts for each interview. Regular team analysis sessions were held throughout the fieldwork period, a crucial component of any qualitative methodology which also supported the data management process.

Research ethics

Conducting in-depth interviews with families taking part in the programme inevitably meant that there would be discussion of sensitive and difficult topics with vulnerable participants.

In order to ensure that families gave fully informed consent to take part in the research, several steps were taken to ensure that participants understood the research process entirely.

- Families were given an information sheet about the study by keyworkers, which set out in simple language the objectives of the research, why they were selected, what taking part would involve and that participation was voluntary.

- After this, if they were selected to take part, they were called by Ipsos MORI interviewers to talk through the information they had received and check if they had any questions. If consent was given the participant would then be recruited to take part.

- Key information about the research was reiterated at the start of the interview by Ipsos MORI interviewers.

- At the end of each interview interviewers explained next steps and sought consent to re-contact families to take part in the second stage of the research. Information was left with families so that they could get in contact if they had any queries or wanted to opt-out of the research.

Further, the interviewing team attended a mandatory refresher training session on interviewing vulnerable audiences, researcher safety on the study and full briefings on the discussion guide.

Presentation of findings

Drawing on the systematic and comprehensive approach to data management outlined earlier in this chapter, the findings in this report present the *widest possible range of experiences, views and responses* from participating families and key/ lead workers. The following:

- Family case studies have been anonymised throughout to protect the identity of families and staff/practitioners;

- Quotes from staff interviews are attributed to a relevant generic job title to ensure anonymity for participating staff; and

- Survey findings from the quantitative research programme being delivered by Ipsos MORI have been integrated where appropriate. To date, surveys have been conducted with Troubled Families Co-ordinators, keyworkers, and Troubled Families Employment Advisers. These staff surveys are designed to run annually over the five years of the evaluation; the first wave of surveys was conducted over October to November 2015[8].

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[8] All surveys were conducted online. DCLG and Department for Work and Pensions provided email addresses for all co-ordinators and employment advisers, who were sent an email with a direct link to the survey. Co-ordinators were also sent a further email and asked to forward it to keyworkers in their local authority. In total, responses were received from 118 co-ordinators, 1,360 Keyworkers and 194 Troubled Families Employment Advisers

3 Service provided to families: family circumstances at engagement

This chapter draws on the family interviews to provide their own accounts of their circumstances and problems leading up to, and at the point of engagement with troubled families services. Names here, and throughout the report, have been changed in order to protect the identity of families and their keyworkers. This chapter draws solely on family interviews.

Family circumstances and context

Families were asked about their lives and circumstances leading up to their engagement with family services. A number of key issues emerged, including:

- Family breakdown – breakdown of relationships within the home, problems involving the wider family, for example, rifts between parents and grandparents or between parents and older children;

- Poor health or longstanding conditions among parents and/or children that impacted significantly on daily life, such as physical disabilities, brittle bone disease, epilepsy, Asperger's and obesity;

- Mental health issues of parents (typically those of the mother) and children – including depression and anxiety, which was sometimes triggered by a combination of other pressures and problems such as those listed here;

- Worklessness among parents – including parents who felt that work was not currently possible, though ultimately desirable for them for personal as well as financial reasons;

- Financial hardship – low incomes, debts and use of foodbanks were commonly mentioned;

- Domestic violence from partners – historical or current. Some survivors described a history of low self-esteem and unhealthy relationships. Among those that had recently left a violent relationship, they were not able to cease contact entirely (due to children) and sometimes arrangements and problems around access to children impacted negatively on dynamics within the home;

- A recent upheaval – involving home and moving to a new area, either desired or not desired; and

- Difficulties accessing or a perceived lack of local services, especially leisure services/ activities for the children.

In addition to the above, the behavioural issues of children that parents felt they were struggling to manage emerged very frequently within the cases. Often this was related to the behaviour of one particular child and was felt or known to be linked to Attention Deficit Hyperactivity Disorder (ADHD), though some parents believed that their child had simply "fallen in with the wrong crowd", as one father described it. In such circumstances, they mentioned issues such as low-level anti-social behaviour outside of the home or concerns around using cannabis. Others, in contrast, reported regular violent behaviour in the home and/or at school, and sexually risky behaviour. These factors contributed to a sense that family life was now out of control.

"I have a 14-year-old who is completely off the rails…. He's got no respect for me, even though I do everything for him. He's learnt that no one can really touch him, there's no boundaries for him" Mother

Concerns about educational impacts were commonplace in these cases, as were concerns about the impact that their behaviour could have on both on younger siblings and the family dynamic, more generally.

"We'll all be sat here watching TV and it will be all quiet and Aaron will come in and it will just be, he'll be shouting. Like last night I had to just like ignore him because he was sat here, he was sat right there, right next to me, and he kept going 'mum, mum, 'mum' …he gets me to the point where I want to cry" Mother

Whilst parents tended to focus on one or two key issues that were of greatest concern to them, multiple issues and problems within families compounded each other, creating additional pressure and worry, and in some instances resulting in dormant issues such as depression resurfacing. Further, taken together, these issues contributed to a real sense of shame among those that we spoke to that they were 'bad' parents.

"I was unsure until I got to know [keyworker] because I felt like a failure so [troubled families support] was a good thing once I had got used to it" Mother

Case study 1

Karen is a lone parent with two young children. She split from her partner in 2013 and consequently moved to a new area where she did not know anyone. Around this time her nine-year-old started developing violent behaviour. Karen had been estranged from her own family for many years, and felt alone and isolated. She also noted that her new neighbours had made racist comments to her children. Around this time Karen indicated she stopped seeing friends and doing the school run, feeling overwhelmed and unable to cope. Karen described depressive symptoms, in particular feeling drained and lacking energy, and hinted at having experienced these previously.

Sometimes families had reached breaking point prior to engaging with troubled families services, including suicide attempts in some instances, and some described feeling intense pressure as they struggled to keep custody of their children.

Case study 2

Lucy lives with her partner and four young children. Her partner, who had a very difficult upbringing, has a history of violent behaviour towards her and as such social services have been involved with the family for three years. Lucy recently had a premature baby and is struggling to cope with looking after the children at home and visiting the hospital, where the staff say she needs to be present in order to bond with the baby. She describes severe financial hardship and has a very limited support network. Social services have offered to take the children into care on several occasions but Lucy wants to retain them at all costs: *"Over my dead body will someone else raise my kids. I work so hard for my kids; I can't lose them".*

Some families had very longstanding issues, as in the case above, whereas others identified a relatively recent trigger point and a subsequent downward spiral. Triggers typically involved a bereavement or the end of a relationship.

Case study 3

Marian lives with her partner and three children, and has another teenage daughter who no longer lives in the family home. Marian acknowledges she has a longstanding issue with alcohol, but feels that the death of her father was a trigger for dynamics in the home disintegrating. Marian says that her teenage daughter struggled to cope with the death of her grandfather and starting truanting and missing counselling appointments that had been set up to support her with the bereavement. Relationships became strained and Marian's drinking increased: *"I was petrified every time she left the house so it was just, it just compacted itself and just blew up basically"*. Eventually, arguments resulted in Marian's daughter moving out.

At the point of the interview, those that had experienced a recent crisis point typically reported that they had endured the worst elements and that life was getting better. They felt fairly positive about family life, acknowledging nonetheless that challenges remained.

"I like family life; I think it's going really well. I love my kids, I couldn't be without my kids, they're all I've got. It's hard, it's difficult, it's not easy, it's challenging but it's also rewarding as well" Father

In contrast, those with longstanding or ongoing issues such as health conditions that presented significant daily challenges, families reported feeling under regular and consistent strain at the time of the interview:

"It feels a bit like a prison here…I feel like I've lost a lot of confidence and have not been able to cope. My family are always interfering so I feel trapped" Mother

Housing circumstances

Families lived largely in social (local authority or housing association) properties. As noted previously, many of the families had recently moved home, often as a result of a relationship breakdown, an eviction due to rent arrears, or a move that had been sought by the family because the home was unsuitable for the health needs of parents or children. In these instances the process of securing a new home was typically described as difficult and stressful, and had often involved the support of the troubled families worker, who may have, for example, undertaken advocacy for them at meetings, helped them to collect evidence that their home was unsuitable, or liaised with local authority staff working in housing.

The move to a new area also resulted in disruption and multiple difficulties in some cases, both practical and emotional. Practical difficulties included longer school runs or loss of local services and facilities. The emotional impacts stemmed from the loss of local support networks and for some, a dislike of their new area or their new neighbours.

"I would've stayed in that area because I've got friends there but I've not made any friends here.... I've not settled at all. I just don't, I like the house but it's just not the sort of area I'd live in. My kids are mixed race and it's not easy being in an area where there is not that many mixed race children"
Mother

Families also reported issues such as repairs not being dealt with quickly or being in rent arrears, though often financial issues were of lesser concern compared to other problems. Overcrowding was an issue in some cases. For example, one single father indicated he slept in the living room so that his teenage sons, both of whom had behavioural issues, did not have to share a room, which he felt would lead to increased arguing between the siblings. In another instance, a large family had been separated into two homes to avoid overcrowding with support from their troubled families keyworker.

"She came on board and got one of the top people to come out and discovered it was actually a two bed house and it was against the law for seven people to be in a two bed house. We didn't know what to do but since we got this house it's been a lot better"
Mother

Neighbourhoods

Views about the local area in which families lived were very varied. For some, their neighbourhood was felt to be a bad place to raise a family, with problems such as crime and anti-social behaviour– a "poverty village" was how one father described his area. In such cases, this was a reason for prioritising staying in with the family during their leisure time over other activities outside of the home.

"You don't want to go to the pub anymore because you're too scared of getting bottled, you know, just have silly little girls who think, 'Oh, I'll start on you,' and so yes. We just all sit together us, don't we?
Mother

Others were happy with their area and got on well with their neighbours.

"I've seen some things in my time: shootings and aftermaths of shootings and riots and things like that, so up here to me is like paradise, but I'm settled here. I quite like it here, the neighbours. Since my partner died...the neighbours on [the street] were absolutely fantastic, I couldn't have asked for better neighbours"
Father

4 Service provided to families: routes to services and early experiences of support

This chapter describes the range of referral routes and families' early experiences of being engaged with the services. It then discusses families' experiences of initial meetings with keyworkers, assessment processes and goal-setting. The views of keyworkers have been integrated into this section to complement the families material. Families were largely at an early stage of their relationships with troubled families key/ lead workers – details on how long households had been on the programme are included in the appendix to this report.

Routes to troubled families services

Families' routes to troubled families services tended to be either directly from social workers who were already involved with the family, or from social services through another agency that had raised concerns, such as a school or the police. These services had typically initiated a social services assessment where there had been no previous involvement, or no recent involvement. More exceptionally, neighbours had reported families to social services and, in these cases, families did not tend to accept that the issues for which they had been referred (including abuse or neglect) were a problem.

Where families had self-referred to the programme, the service had either been located in a local Sure Start centre or been actively promoted at a local leisure event. These families had mostly sought help because of issues relating to the behaviour of a child which they felt unable to cope with.

Case study 4

Laura lives with her partner, baby and two teenage children. One child has Attention Deficit Hyperactivity Disorder (ADHD) and at least three other medical conditions. These result in regular destructive and violent behaviours towards himself and others, and he needs to be watched carefully at all times. Laura describes years of struggles to get her son medical assessments and a Special Educational Needs (SEN) statement, and to get him into a special school. In particular, she finds it very difficult to cope with him in the holidays. Laura also described a struggle to obtain suitable housing for the family – her son was sharing a bedroom with the baby, which was not appropriate considering his behaviour. Laura has been involved with social services for a number of years but felt she was not getting the help she needed to make life better: *"They just do their job and see you later and they don't even do that"*. Laura self-referred to the Troubled Families Programme after seeing it actively promoted – specifically targeting families with children with Attention Deficit Hyperactivity Disorder (ADHD).

Among families who did not self-refer – the process of agencies becoming involved had sometimes been initiated by a particular incident involving a child who had aroused safeguarding concerns. These included a child's behaviour at school resulting in concerns among teachers about sexual abuse, violent incidents between

parents or step parents and children (with instances where both parents and children had been the violent one), and a teenager with suicidal feelings admitting herself to Accident and Emergency.

Initial meetings with keyworkers

The troubled families support process typically began with a home visit to the family from the keyworker, preceded by a phone call introduction. More exceptionally, the introduction had first been made to the keyworker in a school setting or at a social work meeting. In the case of the latter, this appeared to happen in instances where the referral had come via the school relating to behaviour or truancy.

There were also instances where families indicated that workers had arrived without warning and sometimes in pairs. On occasion they also reported that a manager, rather than a keyworker, arrived at the home. There was evidence to suggest that this generated discomfort among the families.

"It wasn't [keyworker] herself, it was another bloke. He said he'd come for a random visit, that really bugged me. I didn't like that. I know with [keyworker] if she had a concern she'd give us a chance to address it "
Mother

Staff interviews indicated that care was taken among keyworkers regarding how families were initially contacted and how services were introduced to them. For example, some staff reported that stigma was associated with accessing specialist services such as troubled families in contrast with universal services. Troubled families staff typically needed to navigate and counter negative associations with the specialist programmes in their initial visits.

"We don't want someone to turn up with a troubled families t-shirt on and say, by the way, you're troubled"
Service manager

Fear and anxiety about the initial engagement with the troubled families services was a strong theme in the family interviews. This stemmed from uncertainty around the exact role of the service and a sense it was connected to social services, perceptions of whom were typically negative whether or not the family had direct experience of them. Fear of losing custody of their children was often expressed, as was a general mistrust or a dislike of social services.

"As far as [the people round here are] concerned, they're the people that take kids away" *Mother with past experience of social services*

"I hated [social worker]. She just seemed to want to come in and stir things up. Instead of listening to what people have to say, she came in and preached" *Father with past experience of social services*

Similarly, families' fear and anxiety about the initial encounter was a theme in the staff interviews. Though keyworkers indicated that families varied in terms of their willingness to engage with family services, having a high level of involvement from social services historically was seen as a barrier to engagement. This was

because these families were said to often feel let down, or "burnt out" (as one worker described it) from years of different interventions that had not achieved long-lasting impacts.

"Some people will tell you everything, but others, they're the ones that really struggle with having the support and the help because they've probably been through the system, they've probably not had a good relationship with social workers and as soon as you mention Social Services or Children's Services the barrier goes up" Keyworker

In this context, staff noted they needed to make a clear distinction between themselves and social workers in early contacts with families, Indeed, they felt that whereas they had a 'help and a support function', social workers were often perceived by families as threatening or interfering.

"We don't have some of that fear factor that they have with social workers and enforcement services" Troubled Families Co-ordinator

This considered, some staff observed that being subject to Child Protection status could be a source of encouragement for families to engage with troubled families. This was because families were motivated to de-escalate their status and ultimately, to retain custody of their children. In such cases, families appreciated the keyworker input.

"I think even after all the assessments and everything are done and we're down into Child in Need [status] … I'd still have her in my life" Mother

Family interviews indicated that this fear or suspicion was manifest in concern around the role of the keyworker, and families indicated that they worried about what they could or should disclose about their lives during early contacts.

Building trust was seen by keyworkers as a vital prerequisite for supporting families to make positive changes in their lives. Without it they did not think services would work, as they could not get to the root causes of families' problems. Personal characteristics (of workers) they felt important for building trust included having patience and persistence and achieving the right balance of offering support and challenge. It was also felt to be important for keyworkers to have a non-judgemental attitude and take a genuine interest in families' lives. The importance of trust in the keyworker/ family relationship was recognised by both keyworkers and senior staff.

'What it always comes back to is the word 'trust', that they build a trust up [but] that doesn't work for every keyworker and if that relationship isn't there we can move on" Troubled Families Co-ordinator

"[Keyworker] rang us and asked if I wanted any help. I said, no but I said you're more than welcome to come out if you want….I was concerned when she first come because I didn't know what I could say to her and what I couldn't ……It's like a new face, it's like someone interfering with your life that obviously you don't know" Mother

Whilst there was evidence that, for some families, building trust with the worker took weeks or months, first visits often appeared to have been very successful in alleviating fears and providing reassurance.

"[The keyworker] put me at ease, I remember her telling me that she wasn't here to catch me out and made me feel better" Mother

"When we first met him he was quite reassuring and I wasn't nervous about anything and, you know, like he puts your mind at ease because he's like we're not here to judge you, we're here to just help you along, you're having a few problems so if you need help with anything we're here to help you, we're not here to judge you" Mother

"The first impressions my kids had with her were quite at ease which is nice because children can be nervous...She must have just had that aura around her" Mother

Families recalled that keyworkers described their role in simple terms that emphasised that they were there to help. This aligned with the views of keyworkers, as in the quote below, which demonstrates how keyworkers aim to counter stigma about the intervention and adopt a transparent approach in their first contact with families.

"On a frontline basis, families are no different to us; we don't talk about them being troubled families anymore, they're just a family that need additional support. .... When we were going out to say to families, "Do you know you're a troubled family, that's why you're with us?" Actually, what really was that message, they were just a family that needed help? So let's just say, "You're a family that needs help. You. We think that you need help in these areas; do you think that's fair?" Keyworker

Recall among families of more specific things they were initially told about the service was poor, though the quote below provides an exception.

"She just said to us that she works with us and some other families and that she was here for us – she would do anything we needed her to do to help us – and that we had ten hours of her" Father

Families discussed the personal characteristics of the keyworker such as friendliness, understanding and a non-judgemental attitude when talking about their first meeting. These characteristics were also discussed by keyworkers as in the vignette above.

Families also mentioned that whether the support was voluntary or mandatory was important; most understood their participation in troubled families as voluntary[9] which, in turn, made the families feel in control over their situation and included in endeavours to resolve their difficulties.

"It's better than social work because this is a choice. It's the authority thing, I can tell her to get out my house. I wouldn't, but I could" Mother

Whilst it emerged clearly that initial impressions of keyworkers were generally positive, there was a contrast between those that felt they needed support, or strongly desired it, and those that did not.

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[9] It is understood that in some instances troubled families support is mandatory in a sense e.g. engaging with the support may be a condition attached to de-escalation of Child Protection status – or contrarily – those that do not engage may be escalated to social work intervention. This aspect of troubled families was not specifically explored at Wave One interviews

"As long as it keeps them happy, as long as it ticks the box with social services its fine by me because I feel now I'm at the stage now where I can just run the house and run the family myself without any need for services" *Father*

In contrast, others described feeling significant relief when the intervention started, often simply in having someone to talk to, which was "like a weight had been lifted", as one parent described it. Such views were expressed by families who had had long-term difficulties, such as in dealing with the behaviour of a child.

Case study 5

> **Sarah is a single mother, raising a son who has epilepsy, development and severe behavioural issues. Sarah also has health issues herself and has experienced domestic violence from an ex-partner. The last few years have therefore been difficult for the family. Social services have been working with the family for around four years, but Sarah feels their involvement has "fizzled out" and that the social worker is unreliable. This led to her self-referring to troubled families, but there was a delay of around a year before support started related to a lack of capacity in the small team of workers. Sarah called the team during the school summer holidays at breaking point: "*I said, 'I can't do this anymore I need help*". A keyworker was allocated around a week later.**

Regarding timeframes, generally the evidence suggests that families have moved fairly quickly from referral to initial contact. There were, however, some families who had also experienced delays from referral to engagement with troubled families services who indicated that they had already made progress alone or with other support, prior to troubled families starting, as in the case below.

"All the stuff that they referred us to we didn't get to do until about a month ago, two months ago anyway so we're already pretty much on track by then" *Mother*

The assessment process

Typically on the first meeting with a keyworker families would undergo an assessment to understand what issues they were facing and what they most needed help with. Consequently, their keyworker might set goals with them on the issues that they wanted support with and (in some cases) the order in which they would address these.

The assessment process was not a step that families recalled well. This may be because the keyworker took an informal approach to the assessment rather than undertaking a structured assessment, or because the assessment was not perceived or experienced as being especially structured, from the perspective of the family. For example families described their first meeting as involving a chat about their lives and how they coped.

"[It's] having someone come to the house, someone to have a chat with about anything, feelings, how I cope, someone to give me advice on strategies to use with the kids" *Mother*

Family interviews indicated that keyworkers adopted an approach that was appropriate for the particular needs of the family that they were assessing. For example, when undertaking an assessment of mental health keyworkers had used a more structured diagnostic tool.

Though recall was limited, family views on assessment aligned with the keyworker interviews, which described an assessment process that was quite family-led. Indeed, keyworkers typically indicated that this principle underpinned the whole ethos of the service.

Setting goals

After the assessment was undertaken keyworkers worked with families to think about their goals. Family interviews indicated that an **informal approach was taken to goal-setting – or again, that families experienced it as being informal**. Families did not see goal-setting as a clearly delineated activity or element of the support, but rather a discussion about the things that they wanted to work towards. The approach was also collaborative and responsive, which again was consistent with the views of keyworkers who emphasised the importance of the goals and the service as a whole being family-led. Families were pleased as they felt that their involvement and engagement was sought throughout the process.

"If she [keyworker] does contact someone, she'll contact me before she's going to contact them. So she's always kept me in the loop about everything that she does with [my son]" Mother

Whilst not understood as goals *per se* families understood that they had some things which they were working towards which related to **issues that affected the whole family**. Parents noted that the keyworkers were interested in both issues that related specifically to them or to their children, as well as cross cutting issues, such as housing issues or morning routines. This worked most effectively where the whole family had input into setting these goals. Some keyworkers organised regular updates with the whole family so they could discuss progress made and all suggest the next goals that they wanted to achieve.

"It's a mini-assessment, she lets us know what's changed since six weeks ago, how far we've come and stuff like that, then we sign it and it goes back to her manager" Mother

The **timing of goal-setting** was not necessarily always at the beginning of the intervention; goal setting was an ongoing process and sometimes needed adapting as different issues arose or families shared other issues with their keyworker. Families who were hesitant about trusting anyone from a government service, or were dealing with particularly difficult issues (such as abuse), did not mention these issues to their keyworker until they had built up trust with them. This aligned very much with the views of keyworkers, who discussed the importance of a sensitive approach. This involved ensuring families felt comfortable with the worker before probing too much.

"We're supposed to do an assessment within like eight weeks of meeting the family which is really hard because obviously families, some of them don't want to talk to you, it's really difficult to get them to engage at the beginning...Sometimes families, it takes them six months and then suddenly they tell you something that you think well now I know why and if I'd have known that eight weeks ago it'd have gone in the assessment" Keyworker

"They don't tell you that until they're comfortable with you….so our assessment is probably based on what we see in the first eight weeks now as opposed to trying to get to the bottom of sort of tell me your history…[the assessment] is now based as much as we can on what we see and what we can ask them without them shutting back down again and putting the barriers up" Keyworker

The **specificity of goals** also varied. Goals could range from those which were very focused (such as increasing attendance at school) to more general ones (such as improving their housing situation). Goals were not always time-bound, for example they could be an aim to reduce the amount of alcohol that they were drinking or to attend medical appointments.

Some situations, however, necessitated the setting of very specific goals. For example in child protection cases, there were specific requirements that the parents had to fulfil to avoid statutory involvement. Keyworkers interviewed suggested that in these cases families were strongly motivated to reduce the involvement of child protection teams in their lives, so goals centred around meeting this wider objectives. For example, goals might relate to changes around the house and the way their children were dressed, such as buying their child a school uniform.

The **type of goals set also differed depending on family engagement and issues experienced.** Families who felt that goals had been tailored to them were very positive about this and it helped them feel that their keyworker listened to them and understood them. For example families in difficult living situations tended to feel that this was a key priority for them, and that this should be above other goals like going back to work. Their keyworkers were responsive to these needs and tended to help families in the areas that they wanted support in.

In cases where families felt that goals were not tailored to them, they were less satisfied with the support. For example one family said that they had been asked to attend a parenting class on Attention Deficit Hyperactivity Disorder to help with their son's behaviour. They indicated they had refused to attend as the class was aimed at parents of children much younger than their son, and therefore they did not feel it would be helpful.

There was often a **focus on small, manageable goals, especially at the start of the intervention** whilst keyworkers and families established a rapport. Aims set for families included things like a child doing his homework each day, getting new furniture or applying for a welfare benefit. Keyworkers noted that they felt it was sometimes helpful to build engagement in early stages of support by focusing on 'quick wins'- support with practical issues that helped establish a rapport and trust. Examples include getting a family moved to suitable accommodation, helping them to initiate complaints about housing conditions/ repairs, or to source furniture that was needed for the home. These things had an immediate positive impact for families.

Progress on goals was discussed with families regularly, and as certain goals were met targets were increased or updated to cover a broader range of issues. For example getting a stable living situation, focusing on moving to suitable accommodation and dealing with money issues might be addressed first and once these were addressed keyworkers started to talk to families about medium or longer-term aspirations such as studying or returning to work.

"I'm going to concentrate on the house and getting the children back and hopefully next year go into college and....get a degree of some sort ...I want to be some kind of support worker" Mother

From the keyworker perspective, engagement with the goals and action planning process was reported to vary from family to family. This often served as an early indicator of whether the family would achieve positive outcomes with the service.

"The families that want to see [their action plan] take ownership of it more; they're the families that I find when we close they don't come back or if they do they might come back with something completely different than they went in for in first place" Keyworker

5 Service provided to families: views of troubled families workers

This section explores families' views on their troubled families workers. There was strong alignment in the views of families and the views of frontline staff in terms of the things they described and felt were important though again the views have been delineated for clarity.

Families' views of keyworkers

Families typically described their keyworker as being similar to a **supportive friend or mentor**. Successful relationships were built through several key elements: **trust, someone who was on their side, reliability, regular contact, and a non-judgemental attitude** – as mentioned in previous sections.

One of the most crucial elements to successful relationships was trust. Families said that they began to trust someone when they could see them as "someone on their side". Families who were initially wary of involvement of any professional services, in particular took a long time to trust their keyworker. They did not tend to have good experiences of previous support and they did not feel that the services that they were currently engaged with (such as schools) were particularly supportive. After seeing the keyworker at meetings with them they felt that they were an advocate for them and therefore started to trust them.

Case study 6

> **Nick described himself as feeling let down by government agencies in the past, in particular social services. He was initially unsure about the troubled families keyworker's involvement and as such when asked about the areas he would like help with, he asked the keyworker just to focus on his son and his issues at school.**
>
> **Their relationship has since developed and he sees his keyworker regularly. He now perceives her as taking his side, supporting his son in meetings at school, meeting the wider family, and being there for "the long haul". As such Nick has opened up to the keyworker about other issues and has asked for their support for other issues including his health and returning to work.**

One way in which families started to feel that they could trust their keyworker was if they felt that they were **someone who was reliable or dependable.** In cases where the keyworker had not been reliable, for example through missing appointments, this had a negative impact on the family's relationship with the keyworker.

"She rang us this morning to say that she's cancelled...she said she'll post [housing forms] when she gets better. It's over a week when she's meant to have been coming out, she just keeps cancelling" Mother

Close relationships were built by frequent, informal contact (keyworker dropping in at their house/ giving them a call/ sending a text message). Where this worked well families noted that the keyworker regularly checked in on them to see how they were doing, rather than only contacting them about a specific issue. This helped families feel that their keyworker had time for them and gave them the opportunity to raise issues with them as and when they occurred, rather than feeling like their keyworker just checked up on them at their appointed time. It also made families feel that they could contact their keyworker when they needed them rather than wait for them to get in touch.

"She actually cares… at night time if he kicks off and he really upsets me I'll text her and I wouldn't expect a text back 'til the morning but she actually texts me straight back…she never shuts her door" Mother

Keyworkers were also perceived to be **non-judgemental.** Families who had previous negative experiences of social services support workers in particular felt that troubled families keyworkers differed to social services workers in this. They thought that their keyworker was easier for them to get along with as they were more similar to them, or shared more of the same life experiences.

"Her lifestyle has actually been the way ours is. So she's very easy to get on with and very, very easy to talk to. She's very understanding, like, and she won't, like, I've told her things that I've not even told my social worker yet " Mother

"[Keyworker] was a bit of a gangster when he was younger and that. So he's good in that way because he understands the area you live in… being a social worker or being a family worker in an area like this, you've got to have lived that lifestyle to understand" Father

In discussing the often close and intensive nature of their work with families, the issue of achieving the right balance of 'support and challenge' emerged as a key consideration among frontline, senior and strategic staff alike. Staff observed it can be difficult to maintain the 'challenge' function if spending a lot of time in the home and being seen by the families as a friend, which family interviews suggest is often the case. Some staff felt that workers without a social work background/ training, including lead workers in partner agencies that were still in the process of capacity building (to deliver family services) could struggle to achieve this balance.

"People who aren't social workers can struggle with the complex dynamics involved in relationship building – [they] talk about 'how can you be laughing and then also setting boundaries?'" Keyworker

Whole-family working

Where relevant, families understood the basic principle that troubled families interventions were designed to engage with both parents and children. In some cases the whole family working model was applied to the wider family network too, and keyworkers had met and engaged with members of the extended family, including uncles, grandparents and close friends or neighbours others that were important in their lives. Families often recognised that this had allowed keyworkers to see the full range of perspectives and understand the dynamics of the whole family network.

"She gets the big picture of what my mum and dad are like, what we're like, how we get on. She looks at every aspect" Father

Keyworkers looked at the family's issues as a whole as part of the assessment process, but then worked with members of the family individually where appropriate. For example, teenage children spent their time on their own with their keyworker, sometimes out of the house.

Parents were pleased that their child had time for additional support, especially in cases where their child had additional needs or they felt that they didn't get enough attention in the home because of difficulties and circumstances that absorbed a lot of the time and energy of the parents.

"And she'll, she used to take [my daughter] out. They'd go and have their nails done, or she'd take her down the park, and see if she wanted to do anything, and if there was anything she had a problem with and didn't want to say anything to anyone, she could go to [the keyworker]" Mother

From the staff perspective, the surveys with Troubled Families Co-ordinators, keyworkers and employment advisers indicated widespread support for whole-family working, with the majority of each group saying it is it is effective at achieving long-term change in families' circumstances[10].

Frontline staff taking part in the qualitative research explained that beyond the initial assessment, whole family working could mean either maintaining regular contact with the children to ensure the worker had the 'whole picture' of what was happening in the family. Here was also considerable evidence (from staff and family interviews) of key/ lead workers signposting children and young people to services such as youth work, positive activities or mentoring services.

"We do quite a lot of listening visits,...just really hearing people telling their stories ...and some of it is, as well, finding out [about] safeguarding concerns. We spend a lot of time...making sure that people's stories match, making sure that the children are seen, making sure that we understand the full picture of the everyday lived experience of the child " Keyworker

Staff interviews indicated that frontline, senior and strategic staff recognise and support the whole-family element of troubled families and feel it is necessary for identifying issues or problems within the family and, therefore, is critical to the success of the service; in the absence of such an approach, these could otherwise be missed. So for example, prior to this way of working, an agency might approach consistent lateness to school through working with the parent to encourage them to take action, but without proper engagement with the child, agencies might miss that the truancy was related to the child having no bedtime routines, or being kept awake by their parents' arguing.

Whilst this way of working may have been well-established in 'core' local authority family services for several years, strategic staff openly acknowledged that there can be challenges in rolling this out to partners who would traditionally focus on a single issue or one family member. Indeed, the survey conducted by Ipsos MORI among Troubled Families Co-ordinators revealed consistently taking a whole-family approach as the biggest change in service delivery resulting from the programme (76%).

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[10] Staff survey data published March 2017

Although there was much support for the whole-family approach, it was not always thought to be appropriate or possible, beyond the assessment process. For example, if there was a current issue around domestic violence and both the victim and perpetrator were in the house.

The key/ lead worker approach

The single keyworker approach model was not as yet working in a consistent way across local authorities – some families indicated that they still saw multiple case workers from different services and did not perceive one particular worker as coordinating or helping them to navigate services. However, families with a dedicated keyworker understood that their keyworker was the first person that they could go to, and would help them access other services. If families had a lead worker (for example from the housing association or police) rather than a keyworker, they tended to work with them on more specific issues, rather than across a range of issues. Where the family had a lead worker rather than a dedicated keyworker, there appeared to have been less day-to-day contact with the family and families did not seem to be as satisfied with the support.

Some staff described how they were still in the process of capacity building with lead workers in partner organisations. Survey findings appeared to support this; whilst overall, co-ordinators had positive views of the professionals delivering family services under troubled families, they were more positive about the skills of dedicated keyworkers compared to the skills of other professionals working with families[11].

"We would have seen a lot of referrals to social care [from lead workers] because it's, "Oh my God, I don't know what to do with this. I've got no one to talk to, so let's send it to the people who do know" Troubled Families Co-ordinator

Service withdrawal

A challenging aspect for some families was the withdrawal of the support offered through troubled families. Families who had been told from an early stage in their support the likely timelines of the support were prepared for it to finish, although still sometimes apprehensive about coping without their keyworker. In some cases this was because they had started to see them as a friend and were reluctant to lose them.

"It will be quite sad, because she feels like part of the family now, and that is the kind of person I am. I let people into my life very easily" Mother

However, it was much more difficult for families if they felt that the support had been abruptly removed when they still needed it. Some families understood that the support had been stopped due to lack of funding.

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[11] Overall 70% of co-ordinators agreed that other professionals currently have the skills to deliver effective services to families, including 19% who strongly agreed and 51% who tended to agree. This compared with 83% who agreed that dedicated keyworkers currently have the skills to deliver effective services to families, including 60% who strongly agreed and 23% who tended to agree.

"They stopped it because they haven't got the funding because of all the other kids that need it. But [keyworker] was good. He used to come in, my son wouldn't normally want to go, but [keyworker] was lovely. It was a shame because it gave me a break" Mother

From the keyworker perspective, having insufficient time to work with families with deeply entrenched issues emerged as a key theme in the interviews, and it was observed that even when progress was made, small setbacks for the families could set back months of work supporting them.

"You've got to realise how hard it is for them to stop anything at all, especially where you have girls who come ... abuse ... it's not just 'stopping things', it's what they've learned as well [and] you're not going to do that in a few months" Keyworker

Some keyworkers described things that they did in order to prepare families for service withdrawal, as in the second example used in the whole family working section above, in which the worker describes closure work with parents and child. Another noted that they had flexibility to reduce the number of weekly visits to the family in the run up to withdrawal in order to help prepare them. There was also evidence of keyworkers providing support directly to the children on withdrawal of services.

"I was going to close on one [family case] and I've done loads of paperwork with the parents to move further forward to continue building up self-confidence [to prepare for exit], but I'd done a very similar piece of closure work with the child as well, because while I've worked with her, she had a very high concern that people leave and she'd done something wrong and they leave... so I've done a really extensive piece of work with her to say that not everybody leaves is a bad thing and sometimes you have to celebrate how far you've come because the leaving is a positive" Keyworker

The issue of when to withdraw the service was a concern for some senior staff too. Staff interviews suggest that some family services are time-bound, with an expectation – not necessarily strictly adhered to – of six months, nine months or a year of intervention for example, whereas for other services the support may withdraw when an outcome fee is claimed by the authority, with some follow-up support in place. For other services, as noted by a lead worker in the housing sector, the service is not time-bound and the decision to withdraw may be at the discretion of the individual worker.

"We are dealing with families with entrenched issues, they require long term intervention yet there's only a commitment of one year for the programme. We have to deal with that and make sure we guard against doing the easy thing, as we want real impact" Troubled Families Co-ordinator

"Every individual family has its own goal; that's part of the model really, so we try to make those realistic and there's always a big debate really, and I think it's a challenge nationally, around when is it suitable to close a case, if you ever do, or end your active involvement; we have review points you see, so we will do that at the point at which we've reached the goals that were set with the family" Troubled Families Co-ordinator

There was also some evidence that a combination of increased volumes of families (related to the expanded criteria under the Troubled Families Programme) and perceived pressure to achieve outcomes were impacting on services. One service manager indicated that under the programme they now had time limits applied to their service of nine months, whereas previously the decision to withdraw the support had been at the worker's discretion, and cases had apparently extended several months beyond the programme limit. Whilst it was hoped that there would be some flexibility afforded to workers this nonetheless caused some concern.

6 Service provided to families: support received and impacts to date

This section describes the support that families had received and the self-reported impacts. As keyworker and family interviews were not matched as case studies, this chapter reports on themes emerging from the two groups, and views of families cannot be compared and reconciled to the views of their particular worker. It is also likely that there were elements of support with associated impacts that families did not recall well, recognise, or wish to discuss in the interview.

Support and impacts

Families indicated that keyworkers supported them with a **diverse range of problems that families faced on a day-to-day basis.** Issues keyworkers helped with included:

- o   Support with practical issues- such as housing, benefits, or debt
- o   Emotional support - building confidence and resilience
- o   Parenting skills/ household management
- o   Behaviour and school attendance of children
- o   Accessing specialist support e.g. mental health.

It is still too early to understand the full and longer/medium-term impacts of the programme on families, and this is something that will be assessed in greater detail at Wave Two when families are revisited. However, some families had been receiving support from the Troubled Families Programme for a sustained period (up to nine months) and some had experienced impacts in a very short space of time. This was largely due to keyworkers focusing on 'quick wins'- support with practical issues that helped establish a rapport and build trust. Examples include getting a family moved to suitable accommodation, initiating complaints about housing conditions/ repairs, or sourcing furniture that was needed for the home. These things had an immediate positive impact for families.

Families were supported in dealing with practical issues. These were issues that they may have struggled to resolve themselves because they lacked the knowledge or skills to resolve them, or because they did not have the level of access that keyworkers had within local authorities, or because they were dealing with many complex issues and had been unable to start to deal with them alone. Issues that required practical help, for example attending appointments or housing issues, were areas that keyworkers had worked quickly to resolve or progress during early stages of support.

Families were helped in getting to important appointments either by for example being reminded they needed to attend a school appointment or being helped to arrange transport to enable them to attend. Families were also supported with things like applying for white goods or essential furniture, or getting onto a list for social

accommodation. Where the housing situation had improved for families, this had led to immediate and noticeable positive impacts for that family.

"It was a bit of a squeeze and what not... with us all crammed in the same house their personalities were just clashing....he helped us along that way to get the house and obviously, like I say, he was making the phone calls to shove it along and find out what's happening" Mother

Some families were experiencing severe financial difficulties and had many debts and rent-arrears, or had not been able to access the welfare support that they needed. Keyworkers were able to help, for example by supporting families in prioritising bills and clear debts, applying for bankruptcy, applying for welfare benefits, or accessing food banks – this was one of the common types of support keyworkers participating in the survey indicated that they provided, with 51% indicating they provided this type of support at least once a week as part of their role. Though less of a priority compared to dealing with underlying financial issues, some families indicated keyworkers had helped them to access Christmas presents for the children from charities, when they were struggling financially.

Those who felt less confident about their skills as a parent, especially if they felt that support workers from services they had used in the past had criticised their parenting abilities, gained confidence through their keyworker. It gave them someone to check their decisions with and reassurance that they were doing the right thing.

"She's behind me, backing me up ... [when my son is playing up]" Mother

The nature of the support, **having an advocate or a friend that families could approach for a range of issues, seemed to have contributed to a positive impact in terms of families' emotional strength and resilience**. Families noted relief from the pressure of dealing with many issues.

"It was like a weight had just been lifted off my shoulders. [I was] quite relieved and thankful that someone has actually started to help me and it takes a lot of pressure off you" Mother

This led to families feeling they could deal with some of the challenges they faced as they had the confidence to start tackling other issues they had not felt able to consider before.

"Basically I've always been a very negative person. She's basically a very, very positive person and I've been [positive], like, the first time since I was a kid. I've not been positive about anything and just cry about everything and nothing was going my way sort of thing, but now I can be more positive about things. I can look forward to things now" Mother

The support also seemed to be given in a way that families found empowering and which allowed them to do more for themselves. This meant that families became more confident in dealing with issues on their own or getting just enough support to be able to do what they needed to do.

"I asked her to help me basically she give me contact numbers so I could do it myself but she was there to put me on the right path" Father

In this sense, families views aligned quite strongly with those of staff, among whom empowerment of families emerged as a key theme when they were asked about the ultimate aims of their role and service. Staff discussed a focus on empowering families to make positive changes in their own lives, to enable them to access the support services they needed but to ultimately take ownership of their situation and journey as a family.

"We support families to try and get them back on track really, to sort of empower them to help themselves to get to the benefits...... we don't tell them what to do, we work with them... it's <u>their</u> end goal" Keyworker

Another key area which families were supported in was parenting support and management of children's behaviour issues. Families said that keyworkers had either provided support themselves, helping them establish house routines for example, or had directed them to local parenting or family courses. Keyworkers had also helped liaise with schools over attendance, behaviour problems and bullying at school and worked to get children with disabilities or mental health needs the support that they needed in school.

Some families reported that school attendance had also been a focus for keyworker support, and this had improved through practical steps like taking children to school and the keyworker talking to the parents and children about attendance. This emerged in the keyworker survey as the second most common type of support they provided, with 64% indicating they provided this at least once a week.

In discussing this type of support, families reported **progress made in terms of communications between families and schools.** Keyworkers had helped put in place simple measures, for example the set-up of multi-disciplinary meetings. Some families had not known that these were possible and therefore made communicating with the professionals involved in their children's case much simpler and more efficient. These included cases where families felt let down by the school, perceiving that the school had not made efforts to understand their issues behind the truancy – which was often noted by parents as being lateness rather than missing whole days of school.

Whilst these issues tended to be ongoing at the time of the interview, for families where health issues or bullying of their children were identified as the reasons behind lateness or

Parenting support was identified in the keyworker survey as the most common type of support they provided, with 82% indicating they provided this at least once a week.

Keyworkers commonly reported that they offered parenting coaching at home. A key intervention was in helping parents develop routines for getting out of the house in the morning and for mealtimes, with charts to support this, which they encouraged children and parents to complete daily and independently. They also offered advice on handling difficult behaviour – particularly around setting boundaries and sticking to them.

Whilst referrals to courses were also said to be common, parenting coaching in the home was felt to be important in that it could be tailored to the particular family and responsive to challenges as they arose. Keyworkers also cited barriers to parents attending formal sessions – for example, feeling intimidated at the prospect of classroom learning, or even leaving the house, for some. In-home support from the keyworker helped to cater for these circumstances.

absence, the support to initiate more productive conversations with the school was appreciated and parents' confidence was increasing.

"I know she is not going to speak for me but I know she is there [at school meetings]" *Mother*

Among parents in the most difficult situations, such as those who indicated they were close to losing custody of their children, or where very serious and ongoing bad behaviour was the greatest focus of their conversations with the school, truancy appeared to be less of a priority for families.

For specialist support, such as alcohol and drug misuse or mental health problems, keyworkers were able to signpost families towards specialist services such as mental health services or drug and alcohol addiction clinics. Keyworkers were also providing informal support on some of these issues, for example trying to set goals to reduce drinking or supporting parents to address anxiety issues.

In cases where families were able to access specialist support noticeable improvements had already occurred for those families. But accessing this support was dependent on the levels of available provision in their area. In some areas there were long waits for services and this had meant that families were not yet receiving the support that they needed. In cases where mental health support was one of the key issues this meant that very little else could progress in the meantime.

> Frontline staff identified a range of specialist services that they could signpost families to. For parents, these included domestic violence services, parenting skills courses, Citizens Advice Bureau, mental health services such as counselling and assertiveness courses.
>
> In some areas, senior staff identified they had agreements in place with partners to fast-track troubled families participants onto local specialist services, which included mental health services provided by Mind.

This aligns with the views of keyworkers, who identified difficulties in accessing specialist provision, especially mental health services, as one of the key challenges they experienced in delivering an effective service to families, and felt some of the waiting times they had encountered were unacceptable. This is supported by survey findings, in which waiting lists- specifically those for specialist health teams to diagnose family problems (such as Child and Adult Mental Health Services) as well as for other support services were singled out as the main barriers to effective partnership working enabling keyworkers to deliver solutions for families. The survey also captured a significant volume of open comments about lack of engagement from health teams and mental health in particular.

While it was widely acknowledged in the qualitative interviews that services and budgets in this sector were strained – with ring-fenced funding frequently mentioned as an ideal outcome – some staff felt powerless to support families to make any significant changes in their lives where they considered a therapeutic mental health intervention to be a prerequisite for addressing other issues.

"You can see that mum is just flat – in her dressing gown in the middle of the day. If you're not happy then little 'Johnny' can't be" Keyworker

Mental health services aside, pressures or cuts among other partners were mentioned as problematic for troubled families including domestic violence services, policing, and also 'preventative' services such as youth work. This is supported by the quantitative survey of co-ordinators, in which cuts to core services and capacity problems were identified as the main challenges to local delivery (73%).

"It is a great approach and I do think it works well but there aren't enough other services to feed in" Specialist partner

Case study 7

Lucy's son is having difficulties at school and is now waiting to attend a different school. Lucy is worried that he may have Attention Deficit Hyperactivity Disorder (ADHD) and needs support urgently. He was deemed to be too disruptive when waiting for his mental health clinic assessment appointment and as such is at the bottom of the waiting list. In the meantime he has been in trouble with the police, and Lucy is worried that he will end up in a young offenders institute before he accesses the support he needs.

Some families had been signposted to services for children and young people, such as positive activities sessions and mentoring services. These were well received by parents and helped to alleviate pressure and improve dynamics in the home, especially where there were behavioural issues involved.

"[The mentoring service has] been absolutely fantastic for him......it was a service where you can get out the house, get out the area, go and do a bit of laddish things, go-karting.... it's just a bit of an outlet for him, you know, as well if he feels worried about anything....it gives them some time out of the house and away from everyone, it gives them a bit of breathing space and they go and get to do what they want to do without everyone else...sometimes with us all being together, when we're all together it's overwhelming......so now he gets time out on his own... it calms the house down and everyone has five minutes to themselves" Mother

Whilst the quantitative keyworker survey showed that over 40% indicated they gave support to find work or training at least once a week , employment support did not emerge in the qualitative research as an area in which all families felt that they wanted or needed support in. Some parents who were dealing with multiple complex issues, such as depression, wanted to return to work in the future but did not think that they were in the right place to look for work at the moment. For two-parent families the idea of returning to work was sometimes more feasible, because they tended to have more support at home. Keyworkers or Troubled Families Employment Advisers had helped them to think about what practical things they could do to make it easier.

"It's more like a boost for me she opens doors, it's like when you go to jobcentre they just throw jobs at you, they don't think about travel costs. [The Troubled Families Employment Adviser] works it all out for me" Mother

There was still some hesitancy about looking for work, with some parents feeling like they did not have the qualifications or skills to go into work. However some had found that their keyworkers or employment adviser had helped develop their confidence in these areas and prompted them to consider applying for jobs.

Keyworkers/lead workers reported that they tended not to raise employment support with families. Indeed, some reported feeling pressured to focus on employment when they did not feel it was appropriate for the family, typically because the parent was not felt to be work ready and that a work outcome would not be sustainable. Consequently, in the quantitative surveys, three in five (61%) employment advisers said they found it easy to get the support they need to deliver solutions for families but this view was not strongly held; just 6% said it was very easy and a quarter (25%) felt unable to express a view. Of course, these views do not single out keyworkers/lead workers specifically and the survey indicated that employment advisers worked with a wide range of different partners, as did keyworkers.

Descriptions of services among employment advisers included direct work with hard to reach families and those furthest from the labour market. This was said to include a lot of confidence building and "hand holding", as one employment adviser put it. In these instances support was described as helping the families to take small steps towards eventual employment.

Other evidence suggested a Troubled Families Employment Adviser service more akin to universal Jobcentre Plus support, and evidence from senior staff suggested that some of those in this role may not recognise – or have the confidence to take advantage of – the flexibility available to them in their new role.

"I think they're quite hampered by DWP rules and regulations...I'm not entirely sure they fully get what I think their role is. I think they think their role is to be a Jobcentre Plus adviser in a [family] team as opposed to in a Jobcentre and that isn't really what we want" *Troubled Families Co-ordinator*

Troubled Families Employment Adviser support, where utilised, was described by staff in the qualitative interviews as a resource that could help to address practical barriers to work for those who wanted to work but faced certain constraints. Examples of this were where parents had children in Pupil Referral Units being regularly sent home during the day, or had caring responsibilities for children with long-term health conditions. In these instances the employment advisers could help parents consider their options for paid work, identify potential training opportunities or support with preparation tasks such as writing CVs.

The quantitative survey of Troubled Families Employment Advisers, which indicated that they offered quite a wide range of different types of support to families, asked about which types they felt to be most effective. Almost half (46%) pointed to work experience as most important in terms of achieving positive outcomes. This was followed by managing money or debt (22%), personal advocacy (20%), specific job-related skill-training (19%), and training on personal skills (18%).

Among families who had a Child Protection Plan in place, or were subject to Children in Need status at the time of the interview, there was evidence they recognised keyworkers were supporting them to de-escalate this to the point where they did not have social services involvement. Families appreciated both the practical input

to meet the conditions of their social services plans, and some indicated that the emotional support associated with the stress of the situation was valuable too.

"She helps a lot, she gets me food parcels, she makes phone calls for me, she helps me solve all of my difficult situations.....she reassures me that they won't take my kids, that I'm doing ok" Mother

In some of these instances there was evidence of very close collaborative working between keyworkers and social workers.

"There's a lot to be done [as part of the Child Protection plan conditions] but [keyworker] and [social worker] they kind of broke it down how we'll do it. The last social worker just bombarded everything and said, 'Right. This needs to be done. That needs to be done. That needs to be done within these couple of weeks', but she'd never put the referrals in to get them done. Where with [keyworker] and [social worker] now, with everything that needs to be done they've put the referrals in and we're getting feedback and everything" Father

In other instances, families described the keyworker as a bridge or mediator between themselves and social services, with keyworkers supporting families to progress relevant actions and reporting into social services on progress, rather than all three working closely together as the family in the case above described.

"I mean I know that [keyworker] is like the in-between isn't she, in-between the social worker and me; she's like the wall type of thing, so anything [social services] discuss they'll discuss with [keyworker] and then she'll bring it up at [meetings of professionals] if it needs to be brought up" Father

There was also evidence, that some families in the most serious circumstances, with lots of agencies involved, saw the troubled families input as less pivotal compared to other workers that were involved or supporting them.

Two issues stand out on which there comparatively less available evidence from the qualitative family interviews: **support to families related to crime or anti-social behaviour**, and **support to help the family to manage the impact of domestic abuse -** the quantitative survey of keyworkers indicated that around half provide each of these types of support regularly. These are particularly sensitive issues to discuss with a new and unfamiliar person, and it is expected that some may be more willing to discuss these issues at the next wave of interviews. Further, many (though not all) of the families indicated that the domestic abuse/violence was historical, from an ex-partner or a relative that was no longer allowed to visit the home. In instances where mothers indicated a long history of unhealthy relationships, there was some evidence keyworkers were gently beginning to consider the possibility of addressing this with families, though some did not appear ready to do so at the point of the interview.

There was also an example of a parent whose keyworker had referred them to an online counselling service to start to address the emotional impacts of historical domestic violence, but she felt that with her son at home she did not have the space and privacy needed to access this.

"Family life is up and down, more down due to my son's behaviour. It rubs off on the rest of the children, and being on my own in the house it is difficult to keep the peace" *Mother*

Families tended to talk much more often and in more depth, as might be expected, on practical issues such as support with housing, debt, support to access local leisure services and providing or signposting to positive activities for the children, though they also appeared comfortable discussing some of the emotional impacts of the support on their confidence and resilience.

7 Service provided to families: summary

- Key issues shaping the circumstances of families leading to their engagement with troubled families were family breakdown, poor health of adults or children, mental health issues - especially among mothers - financial hardship, and domestic abuse/violence. Domestic abuse/violence was often historic i.e. from an ex-partner, though could be very recent. Often multiple issues were present and compounded each other, creating a very pressured environment in the home.

- The existence of serious behavioural issues with one child in the household was a key theme. Many families in this situation struggled to cope and felt the situation was out of control. These cases were more likely to self-refer to the programme for help though this was a less typical route to the programme.

- In most cases progression from initial referral to engagement moved quickly, though there was evidence of long delays in some instances which families found frustrating.

- Many families reported experiencing fear and anxiety around the point of initial engagement. This stemmed from uncertainty around the exact role of the service and a sense it was connected to social services, perceptions of which were typically negative.

- This fear or suspicion was manifest in concern around the role of the keyworker. Keyworkers appeared to have been very effective in countering fears in early meetings with families, though for some a truly trusting relationship took longer to develop.

- Although recall of the assessment process was limited, this may have been because keyworkers developed a process that was intended to feel informal and conversational from the family perspective. Some families did recall completing self-report questionnaires such as the Family Star and noted that they had updated this periodically with keyworkers to see how they were progressing.

- Overall, the assessment and goal setting elements of support were family-led. This could be an ongoing process, with goals changing as the relationship developed. Families were positive about goal setting where they felt their specific goals were relevant, appropriate and personal to them.

- Families typically described their keyworker as being similar to a supportive friend or mentor. Successful relationships were built through several key elements: trust, someone who was on their side, reliability, regular contact, and a non-judgemental attitude. Some noted their keyworker came from the same local area or a similar background, and felt this was important if they were going to be effective keyworkers/lead workers.

- Interviews suggested there was frequent, informal contact in line with a traditional Family Intervention Project (FIP) model. Staff noted that this presented a key challenge for workers, who needed to develop the skills to be able to both support families and challenge them/ set boundaries.

- Families recognised and supported the principle of whole-family working and were positive where keyworkers directly engaged with children to a significant extent – for example, through taking them out or signposting them to positive activities that relieved pressure in the home and gave everyone space.

- From the keyworker perspective, family working could also mean maintaining regular contact with the children to ensure the worker had the 'whole picture' of what was happening in the family, for safeguarding reasons.

- Families described a range of things that keyworkers supported them with on a day-to-day basis, such as parenting skills, getting children to school, addressing issues such as housing or debt, advocacy with schools and other agencies, and finding positive activities for children and young people and accessing local family leisure services. Signposting to mental health services was also mentioned by families, though in line with the views of staff, some families discussed difficulties in accessing the provision they felt they needed.

- There was much evidence of positive impacts stemming from the keyworker support, though some of the families problems were ongoing as would be expected. Keyworkers often appeared to focus on practical issues like debt and housing in early stages of support whilst they developed the rapport needed to talk about more serious underlying issues such as past domestic abuse/ violence.

- There was some hesitancy about looking for work among families, with some parents feeling that they did not have the qualifications or skills needed, or pointing to practical such as poor health and childcare. This aligned with views of keyworkers who indicated many families they supported were not ready for work and that other issues needed to be addressed first. This considered, there were instances of some families receiving Employment Adviser support, including in areas where the adviser appeared to work quite closely alongside the keyworkers.

- Some families indicated that having a friend or advocate had built their resilience and confidence to start tackling their issues, which aligned with views of staff who often pointed to empowerment of families as being the ultimate aim of the support.

- Among families that discussed service withdrawal, some were comfortable with this being on the horizon whereas others appeared to have concerns about how they wold cope without their keyworker.

- Whilst staff indicated they took steps to prepare families for withdrawal, staff suggested some services were time bound, which they did not necessarily support. Nonetheless it appeared that even where time limits were applied there could be some flexibility afforded to keyworkers.

8 Service transformation: background and context

Service transformation is one of the core objectives of the Troubled Families Programme. This is important in helping meet the programme's stated aims in ensuring overall reductions in the cost of providing support for families in need and helping such families overcome the challenges they face and take steps towards moving away from state dependence. The programme therefore requires local authorities to **change the way families experience support interventions** towards the consistent application of the troubled families model. This encompasses whole family working and a key/ lead worker model. The programme also places an emphasis on early intervention, expanding the criteria for qualifying families. It also requires an enhancement of co-ordinated 'multi-agency' working – in which existing services remain intact but co-operate in the delivery of troubled families – towards an **integrated working model** with partners, in which services are working effectively in concert to deliver the troubled families model. This model should also deliver efficiencies and cost savings.

Effective delivery of service transformation therefore means requiring **changes in a range of complex processes** – those involved in identifying families, referring and assessing them for the programme and, finally, in delivering and monitoring the programme. To deliver this process change, local authorities have had to change the way they work with partner agencies, both **statutory services** (such as youth work, health services, children's services, various policing agencies) and **external agencies** (such as housing associations, charities and independent specialist services working with vulnerable groups). This has meant making changes in the way they engage and communicate with partners, the development of collaborative processes for identifying, referring and assessing families, and a need to establish agreement on and consistency in approaches to delivering the service with partners.

This part of the report first addresses the wider context of service transformation, then outlines the detail of service transformation in practice in relation to the following themes:

- Engaging partners;
- Data monitoring, data sharing and family identification;
- Referrals to the programme and assessment tools;
- Applying Troubled Families Outcome Plans and payment by results;
- Key/ lead workers' role in delivering services; and
- Working with Department for Work and Pensions / Troubled Families Employment Advisers.

This section of the report concludes with a discussion of areas where local authorities felt that support would be helpful, and a summary of the key findings.

The case studies in this first wave of fieldwork all considered themselves to be at a stage of **multi-agency working**, having built relationships with partner agencies, and, in some cases, effective processes for working with them, at earlier phases of the programme. Nonetheless, the progress of these relationships, processes and the development of strategy for working with partners were at **differing levels of maturity**, underpinned by three key factors:

- Their **progress in developing processes which supported multi-agency working** – with some case studies being at the early stages of setting up relevant hubs and networks, and others being much further in developing these channels[12];
- Their **progress in engaging the most challenging partners** (in all cases health and social care agencies were noted as being most challenging to engage, and in some case study areas building relationships with the police and schools was seen as presenting major challenges); and
- How well the programme **aligned with their existing strategic ambitions** for supporting priority families and commissioning of services and more widely in the context of government cuts.

These factors were interdependent: those local authorities which had embedded the troubled families model, and had undertaken restructuring and re-thinking their commission of services as long-standing strategic objectives tended to have made most progress in developing partner relationships/ processes. Therefore they were the most confident in being able to move towards integrated working. The foundations for progress towards these objectives were typically laid solidly at the first phase of troubled families, with some such local authorities reporting that they were thinking ahead to the kind of cost-saving objectives. In contrast, those local authorities who were at the start of this journey towards integrated working saw themselves as progressing a multi-agency network to support the aims of the programme.

Troubled Families Co-ordinators identified strongly with the objectives of the programme, seeing their role as working towards the whole-family working approach through the effective development of numerous partner relationships: as one co-ordinator described it, like a "conductor conducting different parts of orchestra". Other co-ordinators also saw themselves as the people **who linked together the network of relationships** with the overall objective of delivering the troubled families model across all services.

"It had to be a whole system approach. We had to make this everybody's business… behaviour change not only with the families but with the agencies too" *Troubled Families Co-ordinator*

"[Service transformation] is about the bringing people together. Better communication. So for instance, obviously we've got the DWP employment advisers and I'm in discussions now with [the] police" *Troubled Families Co-ordinator*

It was also widely noted by those in strategic roles that **improving partnership working was one of the biggest challenges** in the programme. This was because it encompassed every stage of the process of working with priority families, from the identification of the right households through to referral, assessment, delivery and

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[12] Details of the nature of processes developed by local authorities will be covered in detail in Chapter 5 of this report

monitoring of outcomes. Given that this was typically felt to be the most demanding of the objectives of the programme by those with strategic roles, it was welcomed as an opportunity to give partnership relationships and processes more time to develop.

"I don't think we ever expected at the start there would be a Phase Two [i.e. the new programme]. So the steering group for the programme, we're always talking about sustainability and about service transformation, from the beginning. Thankfully we've got, now, longer to do it because it's harder than anyone would ever imagine" Troubled Families Co-ordinator

Given that even those local authorities who had been successful in Phase One felt that there was still a way to go on partnership working, the emphasis for all the case studies remained on building and developing relationships and processes. The imperative to make cost savings in the longer term was understood by local authorities and considered important, but it was nonetheless typically felt to be very early in the process to consider structural responses to this issue. Some had begun to take some first steps towards restructuring – for example, in appointing staff in senior roles which spanned both adult and children's services. But for most, structural change was not (yet) explicitly a strategic objective.

"It's service transformation around how we work together … the processes that we use, how we think about families. What it isn't about is structural co-location integration of management and things like that, at this stage of the programme" Troubled Families Co-ordinator

In the remainder of this chapter we discuss the challenges around structural transformation and making cost savings in more detail, and the views of participants with strategic roles in the local authorities on the meaning of different aspects of the troubled families model in the programme. Given the centrality of partnership working, progress on this issue is covered throughout Chapter 4, discussing both specific examples of practice and broader related issues.

Progress on integrated working

In this section reflections on and early steps taken towards structural change are discussed, along with an explanation of what has been driving these changes.

Local authorities where the Troubled Families Programme aligned strongly with existing strategic ambitions had started to make structural changes, with a view to fully embedding the key elements of the programme and moving towards integrated working and effective commissioning of services. In the example of one such local authority, the Troubled Families Co-ordinator role had become more mainstream, and they were working across many services. In the programme they had become responsible for the management of 'overlapping' services as well delivery of the troubled families model, whereas previously their work had focused on setting the strategic direction of the Troubled Families Programme alone. Critically, the co-ordinator also worked within a commissioning and procurement team in order to commission services which complied with the outcomes framework. Such structural changes were felt to be effective, and were the product of several years of relationship-building and development.

Another had responded to the requirement for early intervention in the programme by setting up a number of geographical 'early help' hubs for the co-location of local authority staff and partners, to facilitate joint referral meetings and informally discuss cases, and to facilitate the training of lead workers in partner agencies by dedicated local authority staff managing family services The establishment of these hubs meant staffing restructures across a number of services. It is also worth noting that there were other factors which could trigger structural changes. One of the case study areas had undergone recent major structural changes which were not as a result of the programme – rather the local authority had faced a review of children's services which had compelled them to make such changes.

Those local authorities which were not yet ready to make structural changes but had been successful in Phase One of the programme tended to have **longstanding relationships with a number of key partners**. This was typically done through the improvement of established communication channels - one such local authority had a small central co-ordinating team, and had historically commissioned all the services supporting priority families; they were using the programme as an opportunity to engage with and potentially commission more agencies. They had established a number of multi-agency groups which met regularly to discuss issues faced by families, and were expanding the reach of these to include new partners, as well as establishing a Multi-Agency Safeguarding Hub (MASH). Others invited new potential partners to existing meetings, with considerable success.

"At the local coordinating groups … last time we had over 30 people there. So that included about six schools, police, health, social care, housing, you know everybody who had never really sat in the same room together before, talking about the families that they all know. So that's a huge step forward" *Troubled Families Co-ordinator*

The comment above also illustrates the fact that participants in strategic roles in local authorities typically saw the programme as an **opportunity to include new partners**. As an example, one local authority which had developed a strong relationship with the police was aiming to expand the programme's reach to the prison service; there were similar such examples across the case studies, with Troubled Families Co-ordinators looking to capitalise on existing relationships.

There was also **evidence of local authorities at early or under-developed stages of multi-agency working**. For these local authorities, the work to establish effective working relationships with statutory partners, ensure fidelity to the troubled families model and establish clear co-ordination of services was still at an early stage. In one such case study area, four internal delivery services existed in competition with each other, presenting difficulties in the sharing of data and continuity of experiences for families. Efforts were being made to overcome these problems – for example, through establishing a shared email loop for each family – but at the time of our first visit it was evident that this was early groundwork. In another case study area, specialised support to families was entirely outsourced to charities. This presented similar problems around co-ordination and fidelity to the troubled families model to the previously described case study, and although the existence of a Multi-Agency ServiceHub (MASH) was helpful, the agencies and charities needed considerable support from the core Troubled Families Team in order to co-ordinate effectively with other services.

In terms of factors driving progress towards integrated working, it was widely noted that support and buy-in from senior leadership in local authorities had a major impact. Further, there was a strong sense that the **Troubled Families Co-ordinator's vision for and ability to convince others of the value of the programme** was very important in instigating changes. Co-ordinators typically discussed the centrality of their role in galvanising and progressing partner relationships, and in making the links between services.

"I think I am leading in terms of ... negotiation amongst partners promoting the win-win for everyone around this, which is tough to do in the time of when everyone's saying, 'Well, actually, there's going to be fewer of us, so we haven't got time to do anything,' ...[I'm] finding the business case for each individual organisation, as to why it works for them, you know, working alongside them to identify their fit"
Troubled Families Co-ordinator

There was also widespread acknowledgement that while establishing partnership relationships could be challenging, changing the culture of the way those partners worked was even more demanding an objective. This was manifest in many aspects of the programme, from identifying eligible families to monitoring and supporting them effectively – although training and development of staff and quality control of services presented some of the greatest challenges. This is a theme which we will explore in more detail in the Wave Two fieldwork of this study – but the following example demonstrates one of the ways in which this was problematic.

"A lot of [lead workers] would have historically worked in isolation and not really spoken to anybody about that. And that's why we would have seen a lot of referrals to Social Care [with them saying], 'I don't know what to do with this.' I've got no one to talk to, so let's send it to the people who do know" *Director of Children's Services*

Making cost savings

There was **widespread awareness of the importance of making cost savings** through service transformation. Austerity, budget cuts and the need to ensure more effective commissioning were widely discussed among staff with strategic roles, who understood how the troubled families model and the objectives of service transformation around cost were inter-related.

"It's about working with families in a more holistic way, making sure that they've got joined up support from whichever service they need at the right time, and being persistent in supporting them to encourage them to make change. In doing so, saving services money, basically, that can then be used for other things"
Troubled Families Co-ordinator

Participants were grateful for the additional funding provided by the programme and the opportunity to continue their programme of activities, but noted that the emphasis of service transformation had shifted to that of making cost savings, with one Troubled Families Co-ordinator observing, for example, that the "*programme feels a lot more about money and having to be a cost-effective solution*". That this was necessary was widely accepted, and contextualised in terms of broader cuts to local authority budgets. However, there

were **concerns about the future**, with Department for Communities and Local Government (DCLG) core funding currently considered essential to delivery in some of the local authorities.

"We've gone from the funding being enhancement funds to essential core funds which are woven into the budget" *Troubled Families Co-ordinator*

"Every year we think this is the year that will kill us, but 2016/17 will be incredibly difficult… which is such a shame, because it's worrying not just for families, because this way of working really works, we've got an impetus and a model with the potential to succeed… everyone really believes in it, but people can only tolerate that level of stress for so long" Senior local authority staff member

Conversely, there was a view that **local authority budget cuts could also provide the impetus for the objectives of the programme around cost savings** in that it was important for all partner agencies to make efficiencies too.

"We're all looking at … how much money there won't be, and I think there is an appetite, locally, to actually integrate, physically and in terms of budgets and everything, management services from different agencies. I think there's an appetite for that" *Troubled Families Co-ordinator*

There was evidence of concern around **financial pressures perceived to be created by the programme,** for example, in one case study area, practitioners noted that the focus on early intervention was resulting in keyworkers' caseloads growing considerably, which would present problems to delivering the troubled families model faithfully. Further, the **impact of cuts on partner services** was raised as a critical problem, creating a lack of available services to refer families to, notably in adult and children's mental health services.

Objectives of the programme for families

To the stated aim of embedding the whole-family working and key/ lead worker models as standard practice in supporting families, the programme has added the objective of early intervention. In this section we discuss how work towards these objectives are progressing in the programme.

Early intervention

Early intervention in itself was also **viewed as a valuable objective for the programme**, with practitioners welcoming the additional resources to help them reach more families at an earlier stage of need. Practitioners recognised the potential cost savings later down the line of efforts to stem the flow of more serious cases, hence in some case study areas early intervention was already a stated strategic aim prior to the programme. One case study area noted that including this priority at an early stage of the development of their strategy was driven by concerns around future budgetary constraints, and because it was part of an established wider strategic objective for families.

"It's very much in our thinking, as a distinct activity that fits into our political priorities" *Director of Children's Services*

Practitioners noted that the emphasis on early intervention meant that many more families who needed help were in a position to potentially access support. The widening of criteria and the broadening of service

provision to new families was supported in some areas by tailored communication channels, such as 'Early Help Clinics' with partners, giving them an opportunity to talk about the programme and answer any questions that they have about the new assessment or protocols.

Developing **appropriate assessments** could prove challenging, however, and was cited in some cases as a source of tension for those delivering frontline services. This was because such assessments could prove lengthy and there were concerns about whether it was appropriate for partners to be making such assessments. Partners questioned whether frontline staff had suitable training to make the assessments, and core troubled families staff noted that families who potentially met the early intervention criteria were often referred by frontline staff who were unfamiliar with troubled families, meaning that more checks were required to ensure that they qualified.

"New early help assessment is being hailed as a much simpler thing than it was prior to it. It looks more streamline[d] but the questions are a whole paragraph of things you may want to consider. It needs a lot of time spending with the family and the police are not always the right people to be doing that" Strategic Partner

Early intervention also potentially presented challenges around costs, with evidence of concerns that resources may not allow the expansion of the programme if help for families with the most serious problems was to be provided.

Whole family working

There was **strong support for whole family working approach**, with those with strategic roles in the delivery of troubled families endorsing this way of working. There was widespread advocacy of the approach, with participants feeling strongly that this was the right way to deliver the desired results for families in need of support.

"It enables families to take control of their lives and feel that they have got hope for a future, really, and get control of their children, get their children to school and then think about work as an option for themselves" *Troubled Families Co-ordinator*

In some case study areas, the case for whole family working was **long-established** as these areas had historically attracted funding for Family Intervention Projects (FIPs), and as a result developed programmes based along similar principles. For example, in advance of the first Troubled Families Programme, one case study area had developed a service to address substance misuse which brought together a range of different intensive services to support families. Given this platform was already established, they persisted with the model. Whole family working was therefore "in the vocabulary" and the programme gave them an opportunity to assert their endorsement of this way of working with existing partners.

"[Since April] that's our understanding, this is about whole family working. So none of our teams working in Sure Start Children's Centres or family support or any of our commissioned services are expected to work with individuals – it's about the whole family" *Troubled Families Co-ordinator*

Areas which had been involved in Phase One were able to see the model being adopted by new partners through initiatives supported by funding from the programme. More detail on how partners were engaged to build capacity for delivering the troubled families model is covered later in this chapter in section 5.5.

"What we used to call the Youth Service … they work much more with the whole family than they would have done with an individual [now]. The same thing is happening with services that relate to supporting school attendance" Troubled Families Co-ordinator

Although the participants primarily discussed the advantages of the programme, they were able to identify some challenges presented by the whole family working model. In one case study area, the fact that it was labour-intensive was noted, alongside concerns around the cost implications of rolling out this approach to a wider population and with new partners. There were also concerns about how to support families exiting the programme.

"There's also something about sustaining it and having a plan when they do exit strategies, about okay if you hit a dip again because actually you're likely to, we're not talking about families functioning perfectly, what are you going to do about it? Where will you go? Who will you get support from?" Troubled Families Co-ordinator

The second wave of fieldwork later this year will be an opportunity to explore how practitioners have responded to such challenges. Further, frontline workers' views on whole family working are covered in more detail in section 8.5 of this report.

9 Service transformation: process change and working with partners

Partnership/ co-ordinated/ multi-agency working is widely felt to be one of the most successful aspects of the Troubled Families Programme, and a valued objective of staff across the local authorities. All local authorities could point to agencies/ services that they had developed strong and successful working relationships with – but also to major challenges they faced, which had implications at every stage of the process, from identifying families, to referral, assessment and delivery. In this chapter we will cover the following areas, initially discussing some of the new approaches and current challenges in engaging partners, and then addressing the new approaches to processes in delivering the troubled families model that have emerged in the programme. The chapter will cover the following:

- Engaging partners
- Data monitoring, data sharing and family referrals
- Referrals to the programme and assessment tools
- Applying Troubled Families Outcome Plans and payment by results
- Key/ Lead workers' role in delivering services
- Working with Department for Work and Pensions and Troubled Families Employment Advisers

Engaging partners

This section will initially cover some overarching themes around partnership working: new approaches to engaging partners, some of the challenges faced in engaging them and how these were overcome.

The programme presented case study areas with the opportunity to develop relationships with existing partners and engage new ones. In the main this consisted of creating new channels of communication and opportunities for discussion such as the Multi-Agency Safeguarding Hub (MASH) forums, networks or, in one case, a centralised advice team.

"We've just developed, what we call, an advice and coordination team. It's the interface between different services, making sure that we have lead professionals for families tracking, that's really providing some of the capacity to make sure that [the local programme] happens" Troubled Families Co-ordinator

The interviews also uncovered examples of **innovative approaches** to engaging partners, such as running conferences for partners and practitioners and creating and sharing videos of experiences of the programme. These were reported to work well as partners were able to hear about the effectiveness of the intervention from families themselves, in their own words.

"We had had a Troubled Families Conference where [the co-ordinator] had some of her families who received help come and speak about how their lives had been turned around. It was a powerful message" Strategic Partner

"We've been using videos quite a lot recently of families and lead professionals describing why they do it, to try and build the business case. That's working really well" Troubled Families Co-ordinator

There was also evidence of local authorities using the additional funding from the programme to incentivise partners to deliver the troubled families model, giving them a strong practical reason to engage with the programme and helping grow the numbers of lead workers. Partners would receive some of the attachment fee and, if successful, around 75% of the payment by results – an initiative which is at an early stage and will be interesting to follow up in Wave Two of this fieldwork[13].

Local authorities typically noted that certain state agencies presented more challenges in developing effective working relationships, notably **health and adult social care services** (including mental health services). Participants felt that it would be helpful to them to have more support from central government in engaging these services, particularly mental health services which were a major source of referrals to the programme. Long waiting lists for mental health services were cited as a problem in supporting families in a number of the case study areas, with references made to waiting times of around 12-18 months.

Difficulties with engaging health services as partners tended to be attributed to the unwieldy and disparate nature of the services falling under this umbrella. This presented barriers in terms of the number of services Troubled Families Co-ordinators needed to engage.

"[There are] Clinical Commissioning Groups, primary care, hospital trusts ... other services that are relevant like health visitors, family nurse partnership and all the rest of it. They all come under the badge of health but they are not part of one big team so [we need to do] individual engagement with each of those and proving to each of those that the programme is of value to them. That takes a long time" Troubled Families Co-ordinator

In order to develop relationships with health partners, co-ordinators needed to be opportunistic, as well as working hard to build relationships. As an example, in one local authority, the co-ordinator noted that their local health visitor services was undergoing a service transformation of their own – in which they saw the potential to incorporate the troubled families model.

"We're trying to piggyback on that, in terms of, 'Okay, so you're doing that already. Why don't we embed [troubled families] at the same time?' And there's openness to that, but there's a lot of people to persuade, and that's early days" Troubled Families Co-ordinator

Working effectively with **schools** was vital to broadening the remit of local Troubled Families Programmes – given that they were potentially an important source for referrals. As an example, one keyworker reported that where children in the family had Special Educational Needs, this could provide a way in to families where other members had difficulties as schools would be alert to the household problems given the child's needs. However, building relationships with schools presented major challenges for local authorities due to the fact that schools were so numerous, diverse in their approach and also because of changes in the ways schools were governed.

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[13] For more material on the impact of payment by results, see section 5.4

"Here schools are turning into academies they can become quite, not isolated but, academies are different to mainstream [compared to] schools because they run the way they want to run"
Troubled Families Co-ordinator

Practitioners were addressing this issue creatively – in one case study they had developed school 'clusters' so that they could work with schools in small groups, creating more efficiencies. Another area was beginning to develop relationships with schools which had led to keyworkers being allowed to attend lessons and support children within the school environment. Schools were increasingly receptive but building such relationships and "breaking down the barriers" reportedly took time.

Building relationships with **housing providers** also presented problems given the diversity of the sector and the nature of its governance with the local authority. One local authority noted the challenges they faced engaging housing partners because district councils were responsible for housing rather than county councils. Where social housing was not primarily controlled by the local authority there were further challenges, as noted in the comment below.

"It's gone off the boil more recently, but there are another 90 odd housing associations in [this] area. So, we've still got a long way to go with them" *Troubled Families Co-ordinator*

An effective way of overcoming some of the challenges faced in partnership working was finding **staff who could bridge the two organisations**, acting as 'translators' between the two. This was most apparent in the success of the Troubled Families Employment Advisor role in some of the local authorities, where a strong relationship with Jobcentre Plus/ Department for Work and Pensions (DWP) was reinforced by the presence of the Troubled Families Employment Advisor (see section 5 for more detail on this). There was evidence that this approach was also used with children's social care, which in one local authority helped embed the same format for assessments as that used in the local Troubled Families Programme.

Data monitoring, data sharing and family identification

Data monitoring and sharing was widely described as a crucial success factor for the programme. For many, data has necessarily been a key focus; with local authorities needing to ensure that data sources allow them to demonstrate outcomes under the programme's expanded set of criteria. Typically, conversations about data monitoring and sharing fed directly into the development of Troubled Families Outcome Plans. In some ways the expansion of the criteria has helped local authorities from a data perspective, allowing them to plan and produce Troubled Families Outcome Plans which have been written pragmatically with available datasets in mind, but the expansion has also presented local authorities with some challenges.

There was a mixed picture with regard to the functional capabilities of local authorities' data monitoring arrangements. Among the more advanced local authorities, there was evidence of *early* investment of time and resource into getting systems in place even before the programme had been fully rolled out, and this has made identifying families and recording outcomes much easier. In general, these authorities had a dedicated data specialist(s) in place to manage the database and/or processes, and in some cases to manage relationships with relevant agencies too. Among the less well-prepared, a **lack of preparation**, and to some a lack of awareness about the requirement, meant there were challenges getting systems in place. In one

instance, a local authority hadn't been aware that the data aspect of the programme would require a full-time person in place.

Overwhelmingly, data monitoring is still a **manual process**, using spreadsheets and manual management of what can often be quite disparate datasets from different agencies, even in the more advanced local authorities mentioned above. In this respect, data management is widely seen as a **resource-intensive** process which requires significant time and effort on the part of those involved in managing this aspect of the programme locally.

Local authorities were, broadly speaking, managing to match datasets successfully to help identify families and to be able to demonstrate outcomes. However, some described the practical challenges associated with integrating datasets, particularly those provided by partners such as police record systems (which, in light of the wider criteria, seems to be a greater challenge in the new programme). One explained that datasets they worked with could either be at the individual or household level, for example, requiring additional work to make data held by the local authority consistent.

Relationship management is an important feature of data sharing under the new programme. In local authorities where data sharing was regarded as a success, **good working relationships with agencies have facilitated data sharing** in a co-operative and timely way. In the main this seemed to be working well.

"Agencies are willing to give us the information... the education data has been amazing, really. They've been very helpful and cooperative and provide us what we need, as have the Children's Centre people... it's all starting to sort of join up" Strategic Partner

Much of the work in this area has focused on **persuading partner agencies about the benefits of data sharing**. This had a number of aspects: demonstrating how data could improve outcomes for people on the programme (and the associated cost savings); reassuring partners that the programme wasn't 'data-driven' at the expense of sense-checks to ensure that the right families were included in the programme and also showing how data might be used by partner agencies themselves to monitor progress.

"Some are cautious that, potentially, data is driving the programme too much... it's data driven, but not at the expense of reality: we check and unpick the data. People are less fearful now about using data to target families. It helps us target workforce development too" Troubled Families Co-ordinator

"We looked at the [Troubled Families] Programme and how data is captured, looked at what was good about it. We asked [the person responsible for data management] whether they would present to our board about how the programme captured their data to evidence [payment by results]. They shared the model and structure of [payment by results] with the board, and we've had some discussions about how we might model for capturing data. It's easy to be critical, but think they've been fairly pragmatic" Strategic Partner

However, local authorities have consistently faced challenges in relation to **accessing health data**. In particular, **GPs** were reported as being reluctant (or claimed to be unable) to share families' data, with information sharing agreements cited as an obstacle here.

"The hardest partners to engage with and to convince them to engage are health. It is so disparate, disconnected. It's a complex beast" Troubled Families Co-ordinator

"Other agencies send us the information that we need, in the main... the tricky one is health. It's hard to get data out of health, really, because of consent issues" Specialist Practitioner

Recording data relating to health outcomes is also a challenge described by staff in a number of areas. While some of these 'soft' measures could be recorded (examples cited included feedback from teachers, people opening bank accounts and writing CVs), other health-related measures such as mental health and wellbeing, which local authorities felt had a direct impact on outcomes, were less easily recorded.

"Can we put a cash value on, for example, 'Mum is feeling better, and therefore the child goes back to school?' That must inevitably underlie a lot of the outcomes that we've specified, so we've got to keep trying to dig in that space and see what we can come up with" Strategic Partner

"You might say for a family we want to get you back regularly in school; the outcomes plan says you've got to be up over 90% attendance... but something like mental health, when it helps address your mental health, well how are you measuring that? What's the evidence? It becomes a bit more blurred and a lot of it is keyworker judgement" Troubled Families Co-ordinator

Practitioners also reported that it was important to them to capture not just that the intervention worked but the nature of the success factors involved.

"Recording the 'why' is very difficult, but we need to know what works so we can do more of it" Troubled Families Co-ordinator

Thinking about the future, there was evidence of local authorities considering more advanced data arrangements to meet the challenges described above. One authority was looking into developing an automated (systematised) process for collecting and matching family data, and more widely a number of local authorities felt that this was the direction they would need to move towards in time to make the identification process more efficient.

Referrals to the programme and assessment tools

Mechanisms for referral to the programme were characterised by a degree of variety, though generally there seemed to be an **increasing emphasis placed on the use of data** to identify families, as well as the use of **multi-agency boards / hubs** (and allocation meetings). Where these hubs had existed in Phase One, they had often been enhanced under the programme.

The importance of using data to identify families was underlined by participants in a number of local authorities. While some employed a 'bottom-up' process, with an emphasis on other agencies or partners referring families in to be checked against the new criteria to establish their eligibility, others seemed to employ a 'top-down' process which, while allowing for families to be nominated, the selection process was data-based and conducted centrally.

The programme has created an impetus for the development of **consistent cross-agency tools** (for example for the assessment of families). In one local authority, a family-based common assessment framework was produced to ensure that assessment was consistent across partners.

"Rather than asking people to refer to troubled families... we will identify, from those [Family CAF] assessments, which are the families with the most complex needs, and include them on the cohort to be monitored and reported upon. CAF is the entry point for that" Troubled Families Co-ordinator

In some cases, this approach had some drawbacks however. In cases where partners helped with identification work, some partners were resistant to the burden this created. Also, more generally, local authorities spoke about the time-consuming nature of the identification work they were undertaking (as covered partly in section 4.1).

Applying Troubled Families Outcome Plans and payment by results

Development and management of Troubled Families Outcome Plans and payment by results were widely regarded as an important part of the programme. The financial contribution this provided to local authorities was seen as significant, and many had factored in a high proportion of successful payment by results claims into budget forecasts, in some cases as high as 100%. In many cases, Troubled Families Outcome Plans had, broadly speaking, been designed in a **consultative way with partners making important contributions**, but also in a **data-focused way** to ensure that outcomes could be successfully measured and demonstrated.

A common view of payment by results was that it had initially been viewed with scepticism under the Phase One programme, but was more positively perceived moving into the current programme. A number of participants said they had not felt that it would help to improve outcomes, but most now felt that it was important in providing a *focus* on outcomes (a word cited by a number of participants), and in contributing towards service transformation more broadly.

"If you had asked me three years ago I would have said "Is it right?" I think they've been really good [under the new programme]. It's focused the mind, it's ensured that we genuinely work in an evidence-based way for each family and it's enabled us to make sure that we're very prudent about how we spend our money" Troubled Families Co-ordinator

"I think we were sceptical about it to start with but I think it has been helpful. It links back to the data conversation... to evidence the data in order to get your payment by results. And that means you have to progress things quickly, you can't let people drift in a case. You have to show that it's worked and that makes you very reflective about why did it work" *Director of Children's Services*

This 'focus' was also recognised by some staff working with families on the ground. Keyworkers were encouraged to set goals with families that aligned with their Troubled Families Outcomes Plan.
"It stops people from just 'doing their job'... if there's money dangled on the other side of it, you're more likely to pull your socks up" *Keyworker*

However, it was noted that this focus on outcomes came with associated risks. One risk cited was that payment by results does not account for work which cannot be recorded or demonstrated through data (which has an associated cost). However, most believed that their commitment to the programme was sufficiently high to ensure that this work was still done.

"There is the critique that the outcomes of other social work are not counted in payment by results. That did motivate us to have to sell the benefits to others" Troubled Families Co-ordinator

"I think it's a question for the system nationally. Inevitably it's a limitation on us at the moment, those things aren't tangible enough to operate as absolute measures in the programme. But that's not to say they are things we're not thinking about" Strategic Partner

The possibility of payment by results creating perverse incentives was not, generally speaking, a concern voiced by local authorities. Rather, there was a feeling that, under the programme, the wider criteria made this possibility less likely.

"It can make people do things just in order to get the payment... I think you've got to hold, pretty firmly, to the principles of the programme to avoid that happening... what I would say is that, because the way that the new programme is being implemented, is much more driven by your own outcome framework and local determination of which families you include, there's less room, I think, for it to drive the bad behaviour" Troubled Families Co-ordinator

Nonetheless, there were **mixed views on the impact of the expanded criteria** for keyworkers. For some, the expansion had led to **better measurement of more specific outcomes**, better reflecting the work done with families.

"The funding comes in from the payment by results, but also it reflects real change in families, which is helpful to know about and to be able to use" Strategic Partner

For others, specific outcomes identified in the local plan could be **demotivating for staff because they were felt to be too prescriptive** and often not achievable given the complex difficulties of the families in the programme.

"Take a young person known to the youth offending team, on a reduced timetable. There could be work done, they end up attending 60% of a full timetable - that's a drastic change that is much improved, but it is not claimable as a success. The outcomes framework still needs to become more sophisticated" Troubled Families Co-ordinator

Generally speaking, participants who spoke about payment by results understood the link between the reduced payment (£4,000 to £1,800 for each successful claim) and the wider criteria allowing for families with lower need to be included on the programme. However, one participant explained that an unintended consequence of inclusion of lower need families was that families were referred by people with less experience in this area, meaning more work was required to understand the families being referred onto the programme. Often, this exercise would establish that the family's need was not as low as initially thought.

Some local authorities spoke of **directly incentivising partners to engage with the programme** by, for example, sharing some of the attachment fee and outcome fee with partners leading on or undertaking work with the relevant families. Related to this, one local authority reported difficulty in persuading their schools to refer and

share data because they did not receive any financial incentives to do so. However, many local authorities saw the importance of moving away from this type of arrangement towards one which in which **partners contributed financially**) in order for the programme to be sustained, for example through contributing funds or staff resources.

"I think the problem with it is that when a programme is funded like this it's seen as a little add-on, and actually the bigger prize is the strategic work with our partners. It's about getting them to see that this way of working brings out better outcomes and better results so that they will put resource into it, whether that's people or hard cash" Troubled Families Co-ordinator

Key/ lead workers' role in delivering services

There have been a number of developments to key/lead workers' role in delivering services, particularly in relation to the **increasing involvement of partner agencies**. In some cases, this appeared to be working well, with early signs of **capacity building across agencies**. However, this way of working also presents challenges, particularly around **workload and communication.** Please note that this short section focuses predominantly on key/lead workers' role from a strategic perspective – for more detailed information about the ways in which key/lead workers are working with families in the programme, please see Chapter 6.

With the growing involvement of partner agencies and with the programme increasingly being embedded in their practice, local authorities **understood the necessity of building capacity** to make the programme sustainable in the longer-term. This was typically a key objective in engaging partner agencies such as charities, youth work services and housing associations – but the attendant challenges around workforce development were acknowledged.

"You have got to use this as an opportunity to re-align the way your front line services operate with families. Now that isn't saying that everyone becomes a keyworker, because not everyone can be a keyworker, I couldn't be a keyworker, you know, but some people have that skills base, so we need to look at the workforce and help by coordinating their activity to be able to do more and that will allow us to pick up the capacity challenges that we've got" Troubled Families Co-ordinator

Some local authorities spoke positively about **early steps taken by partner agencies in service delivery**. They reported that the process of identifying potential keyworkers and training and development initiatives beginning with a number of new partners.

"We're now working with some of our partners to say 'who have you got that could already start doing whole family working?' We're at the start of that [process], but we've got Adult Social Care staff training because they work with adults with mental health problems. We've just had eight police officers nominated to work with us in that way and we're starting to look at their training" Troubled Families Co-ordinator

For other local authorities, however, there were **challenges around capacity building** at this early stage in the programme. In one instance, joint visits in cases of domestic abuse/ violence were becoming increasingly difficult to resource as the partner agency which had handled those issues no longer had capacity to support the troubled families initiatives. At the heart of this issue was, as one strategic partner described it, the

challenge of getting the *"balance between delivery quality services and fighting for survival"*. The challenge of workforce development in the programme, alongside the degree to which lead workers in particular are being faithful to the local model, and how this is monitored will be explored in detail at the next wave of fieldwork.

Working with Department for Work and Pensions and Troubled Families Employment Advisers

Troubled Families Employment Advisers were widely seen as a welcome enhancement to the Troubled Families Programme and in working in partnership with Department for Work and Pensions. While it was widely acknowledged that, for many families, support with employment was not one of the first issues they needed to address, local authorities were typically keen to involve employment specialists directly with families to encourage orientation towards work. This was a new relationship for all the local authorities though, and some had faced challenges to incorporating Troubled Families Employment Advisers into their processes.

One of the more consistent findings across local authorities was that the involvement of the employment advisers had challenged assumptions about the relative importance of worklessness for these families, and had helped to put employability on the agenda. As noted in section 5, the Troubled Families Employment Adviser's role as an embedded 'translator' of Department for Work and Pensions practices catalysed the incorporation of thinking on employment into the core delivery model.

"The example of how DWP have worked with the programme, identified people who can, effectively, sort of, straddle between the organisation they're coming from and then the wider programme [has made a big difference]... we've been more able to move quicker in terms of change [in relation to employment]. Now that's not to say that there hasn't been success in other parts that haven't had that, but if you look at the degree of transformation we've managed to achieve with Jobcentre Plus, it's much bigger. I think, because we've had [Troubled Families Employment Advisers]" Troubled Families Co-ordinator

"It might not have been on their agenda before, but now we're saying if you're working with a priority family, employment is part of that, and if you are working with the family in any way, how can you incorporate having a conversation about employment and how can we support you in doing that?" Troubled Families Employment Advisor

The employment advisers have also helped to change attitudes of frontline workers about how they work with families on improving employment outcomes, reporting that they had achieved this through taking time to understand the keyworkers' roles in detail so that they could understand how they might be able to support their objectives. Participants in a strategic role reported that this was a successful approach.

"When I inherited these teams [under the Phase One programme] and retrained them, the big blockage was worklessness. They'd never worked on it, and that's the same in social care. The feeling was that 'worklessness isn't our job, it's somebody else's job'" Troubled Families Employment Advisor

"They have changed or helped to change the culture of frontline workers, really, thinking about work and progress to work as a viable option right at the beginning, rather than as an add-on at the end" Troubled Families Co-ordinator

Local authority staff and employment advisers themselves spoke about a **range of ways in which they were working with families**, including digital engagement and job searching, attending job fairs and sending job information to keyworkers where appropriate. Employment advisers were also, in some cases, working with staff to help them understand employment issues in more detail. More detail on the nature support offered by employment advisers is included in Chapter 8.3.

"They did a quiz about the benefit system… it was a really good way of getting the [keyworkers] both to realise how much they had learnt about worklessness and employment and benefits and how much they didn't know" Troubled Families Co-ordinator

In local authorities where work with the employment advisers was felt to be progressing well, there was also evidence of their being embedded into the programme more widely. In practice this meant that they were approached directly by lead workers at partner agencies when relevant, as well as by keyworkers more closely associated with the Troubled Families Programme.

"This morning I've had an email from a youth worker who's working with the daughter but the mum has been made redundant …and doesn't want to become unemployed. So she's referred her to me … Because we've been out and we've spoke[n] to them about our service, they know that they're a priority family … that might not have happened before" Troubled Families Employment Advisor

However, there have been some **challenges in embedding the Troubled Families Employment Advisers under the programme**. While some keyworkers have been positive about this development, others have been resistant, feeling that they were under pressure to focus on employment for people who they did not feel were ready for this type of work. One employment adviser reported being blocked from accessing some people involved in the programme.

"Some of them [local outcomes] are realistic, some of them aren't … they want us to be discussing work from the day we meet the family, now… [in fact, work is] the last thing on your agenda" Keyworker

At the strategic level, the **lack of local authority involvement in the selection process** was mentioned by one local authority as a drawback, as well as a feeling that the Department for Work and Pensions way of working could be quite restrictive, as illustrated below.

"Our Partnership Manager in DWP wanted to involve us in the interviews but then that wasn't allowed by DWP… so we didn't even get to meet them until they'd been appointed. Would I have chosen them? They're quite hampered by DWP rules and regulations, so I'm not entirely sure they fully get what I think their role is… they're very 'I'm only allowed to do that kind of thing' and quite formal and quite rigid" Troubled Families Co-ordinator

10 Service transformation: support required by local authorities

In some cases, interviews conducted with local authority staff and practitioners led to conversations about ways in which DCLG might be able to support them in embedding the programme in the longer-term. We include this material here as it is likely to be of interest to teams within DCLG.

While the flexibility of the Troubled Families Programme was, broadly speaking, received positively, some felt that **clarity about what success looks like** for the new programme (at the national level) might be useful.

"I don't feel that I'm 100% clear from a national perspective what they define as service transformation in terms of what they would see as success within that area. But locally I think you know as a team we're very focused on that being part of what we're trying to achieve because the continued work with regards to improving communication between multi-agencies is the most benefit for the families" Troubled Families Co-ordinator

One message which came through with a high degree of consistency across case study areas was support from DCLG in **engaging health agencies**, with a particular focus on data sharing. Though there was an appreciation that this might be challenging, some mentioned the possibility of a national data sharing agreement to help facilitate data sharing between local authorities and health agencies.

"If you ask anybody from Health for data they say, 'oh, no, you can't have that personal information'…if there was data sharing agreement in place between DCLG and the Department of Health at a national level, for example, then that would certainly help" Strategic Partner

There was also a feeling that a key success factor for the programme is securing contributions (particularly financial) from partner agencies in order to sustain it against a backdrop of funding cuts. This was widely seen as fundamental to ensuring long-term buy-in, and the best way of securing service transformation. One participant believed that DCLG has a possible role to play in providing direction on how to help with this.

"It would be helpful to us, in walking away (assuming Government doesn't fund this forever), and there's an expectation that we translate this into a local arrangement, it would be helpful to have some support with that. Some sense of direction from Government in terms of how they expect partners to financially contribute would be incredibly helpful. There's no lack of will, or philosophy, but in the context of financial circumstances, can we all arrive at that same place at the same time?" Strategic Partner

One way in which this might be done is through raising awareness of the cost calculator. There was some evidence of it being used as a means of demonstrating savings to partners (to quote one member of local authority staff, '*success spoke for itself*'), but this wasn't mentioned by others as a way in which savings might be demonstrated to agencies as a means of securing buy-in.

11 Service transformation: summary

- The case studies in this first wave of fieldwork all reported that they considered themselves to be at a stage of multi-agency working, having built relationships with partner agencies and, in some cases, effective processes for working with them. There was also evidence of local authorities at both mature and early or under-developed stages of multi-agency working.

- Improving partnership working was one of the biggest challenges in the programme. This was because it encompassed every stage of the process of working with priority families, from the identification of the right households through to referral, assessment, delivery and monitoring of outcomes.

- In terms of factors driving progress towards integrated working, it was widely noted that support and buy-in from senior leadership in local authorities had a major impact. Further, there was a strong sense that the Troubled Families Co-ordinator's vision for the programme and ability to convince others of the value of troubled families was very important in instigating changes.

- There was widespread awareness of the importance of making cost savings through service transformation. There was evidence of concern around financial pressures perceived to be created by the programme –the impact of cuts on partner services was raised as a critical problem, creating a lack of available services to refer families to, notably in adult and children's mental health services.

- The programme presented case study areas with the opportunity to develop relationships with existing partners and engage new ones. There was also evidence of local authorities using the additional funding from the programme to incentivise partners to deliver the troubled families model, giving them a strong practical reason to engage with the programme and helping grow the numbers of lead workers.

- Local authorities typically noted that certain state agencies presented more challenges in developing effective working relationships, notably health and adult social care services (including mental health services). Working effectively with schools was also vital to broadening the remit of local Troubled Families Programme, given that they were potentially an important source for referrals.

- An effective way of overcoming some of the challenges faced in partnership working was finding staff who could bridge the two organisations, acting as 'translators' between the two. This was most apparent in the success of the Troubled Families Employment Advisor role in some of the local authorities.

- Data monitoring and sharing was widely described as a crucial success factor for the programme. Relationship management was an important feature of data sharing under the programme. In local authorities where data sharing was regarded as a success, good working relationships with agencies have facilitated data sharing in a co-operative and timely way.

- Mechanisms for referral to the programme generally emphasised the use of data to identify families, as well as the use of multi-agency boards / hubs (and allocation meetings). The programme has also created an impetus for the development of consistent cross-agency referral and assessment tools (for example for the assessment of families).

- Payment by results had initially been viewed with scepticism under the Phase One Programme, but was more positively perceived moving into the programme. A number of participants said they had not felt

that it would help to improve outcomes, but most now felt that it was important in providing a focus on outcomes (a word cited by a number of participants), and in contributing towards service transformation more broadly.

- Partner agencies were increasingly involved in delivery. In some cases, this appeared to be working well, with early signs of capacity building across agencies.
- In some areas, Troubled Families Employment Advisers were beginning to challenge assumptions about the relative importance of worklessness for these families, and had helped to put employability on the agenda.

Appendix 1: research tools

Troubled Families Co-ordinators topic guide

1. Introductions and background

Explain purpose / aim of the study is they are unclear. **Ipsos MORI is conducting elements of the national evaluation of the Troubled Families Programme in which we are speaking to practitioners and families in ten local authorities to engage with a wide range of views and experiences. We would like to speak to you as part of this study.**

Explain confidentiality: **All your responses will remain confidential and all reporting will be in the aggregate i.e. not identifying individuals.**

Ask if they have any questions before starting interview.

Ask for permission to record: **This is so that we can review our discussion; we may also transcribe the interview. Three months after the project is completed the recording will be destroyed.**

Ask about practitioner's work history and role:

- **Could you give me a quick overview / summary of your current role and your job title?**
- **Which agency within the local authority do you work for?**
- **Is this your main role?**
- **Do you hold any other roles?** Can you explain how your time is split?
- **How long have you been in the role?**
- **Can you describe the purpose of the role?**
- **What is your background?**

2. National programme and local context

I have some questions about your thoughts on the Troubled Families Programme:

- **What do you think the programme is aiming for nationally?**
- **What are you aiming to achieve locally?**

- **Can you describe the local delivery model for me? Can you tell me about…**
    - **Targeting/ support needs of families:** is this focused on intensive needs and high risk families or on early intervention/ preventative work?
    - **Main referral routes** to the programme?
        - Is this mainly done through the data or agency referral?
        - How are the assessment criteria for families applied?
        - Which agencies are referring people to the programme? Is this working consistently?

o How long does it take to refer a case?

o How much detail is passed on to keyworkers?

o How well are referral routes working?

- **Partnership working** – who are they key partners?

o Have you worked with them before?

o What channels are in place to help staff working together?

o How well do these partnerships work?

o Which agencies have you had more difficulties engaging and why? PROMPT BY GOING THROUGH THE LIST IN FULL:

- Children's social services

- Adult social services

- Early years children services (e.g. Children's Centres)

- Education (schools)/ Youth services

- Health (NHS)

- Crime and justice (police, probation)

- Employment support (Jobcentre? Work Programme?)

- Third sector providers

- Anyone else?

o What are the incentives for partners to work with you?

o Which of these are the strongest incentives?

- **How will the Troubled Families Outcome Plan (TFOP) meet local strategic ambitions?**
- **Can you describe how the TFOP will translate into family by family outcomes?**

- **Who is driving the programme locally? Why is it important to them?**
  - How strong/ weak is senior support within LA? What impact does this have? PROBE ON SUPPORT FROM
    - Central senior staff (e.g. CEO of local authority, director of children's services, director of education)
    - Senior staff at other agencies e.g. police, probation, youth justice, health services

3. Service transformation

- **Has service transformation begun in your area?**
  - If so, can you give some examples of service transformation in the LA?

- **One aim of the Troubled Families Programme is transforming services – what does this mean to you?**
  - Are there any areas in which you think the Troubled Families Programme has the potential to transform services? Why?
  - What are the key drivers for transforming services for families locally?
    o To what extent is reducing the costs of children's social care a factor?

- What does it mean when you've transformed your services?

With service transformation mind, I'd like to ask you some questions about aspects of service delivery which characterise troubled families.

Whole family intervention approach:

- How would you define this? What does whole family working mean for you?
- **What is different to this new way of working compared to what families were getting before?**
- Is this being delivered? If so – what is driving success? What are the challenges?
- Do you feel there is evidence that this improves outcomes?
- Any particular types of support which is being recommended to keyworkers as good to employ? Or any approaches which have been abandoned?

Early intervention

- **Are you restructuring early intervention? If so, how?**
  - o Why do you think this is important?
  - o What impact does it have?
- Have you seen evidence that restructuring early services improves outcomes?

Integrated/ multi-agency working across agencies

- How would you define integrated or multi-agency working in the context of the Troubled Families Programme in your local authority? What does it mean for you?
- Is this a new way of working?
- **Can you give some examples of integrated working in your local area?**
- **How do you get agencies/partners on board/ build relationships?**
  - o How engaged are partners?
  - o Who do you contact if they experience problems/challenges with partners?
- What are the challenges or barriers to working in this way?
- What are the things that make working this way successful?

Have you seen evidence that working directly with partners improves outcomes?

The collection of outcome data

- **How is data collected?**
- **What data is collected? Which metrics are most valuable?**
- **How often is data collected? In what format?**
- **Who uses the data and what for?**
- **How does the information collected impact on your/ colleagues' work?**
- **How are things progressing in the collection of this data?**
  - o Is there any data you would like access to that you can't get?

o How realistic or otherwise are the evidence requirements?

- **How useful is the data received back?**

  o Does the monitoring reflect/ capture what you are trying to achieve locally?

- Are you conducting any local evaluation work?

  o What stage is this at?

  o How will it be used?

Payment by results (PbR)

- **How do you feel about PbR?** How is this being delivered? If so – what is driving success? What are the challenges?

- **Do you feel there is evidence that this improves outcomes?**

- **The element of PbR in the current programme is reduced.**

  o What will and won't be possible as a result?

- **What do you think the impact of the new Programme PbR model on the profile of families the programme is working will be?**

- **Overall, what would success for the Troubled Families Programme in your LA look like for you?**

  PLEASE EXPLORE WITH REGARD TO ALL AREAS OF SERVICE TRANSFORMATION DISCUSSED

4. TFC role in delivering the Troubled Families Programme

I've now got some questions around your role in delivering the programme:

- **Can you tell me about the structure of your team?**
  - Who do else you work with?
  - What are the key roles?

- **Where does the team sit in the local authority?**
  - Who do you report to?
  - Who is the relevant strategic lead?
  - What is the governance structure for the programme?

- **Did you have any specific training in relation to your role?**
  - To what extent has it been helpful and how?
  - Did you request this training or were you referred to it?
  - Is there any other training that might be helpful to you, and why?

- **How – if it all – has the Programme changed the nature of your work/ your role?**
  - Does it require different skillsets?
  - To what extent are you able to work flexibly - or is there a process you are obliged to follow?

5. Families in the Expanded Programme

I'd now like to turn to thinking about what the Troubled Families Programme means for the families you are working with.

- **What are the key issues facing the families you work with?**
  - o Historically – and more recently – how have these issues been approached by local agencies?
  - o How successful has this been, has it been a joined-up approach?
  - o Is this representative of the key areas in your LA?

- **How many families are you working with?**
  - Who is working with them?
  - How intensively?

- **Once they are referred, how do you identify who is best to work with them?**

- **What support is available to families on the programme?**
  - How does your local authority approach initial contact with families?
  - How does it work thereafter?
    - How are outcome plans for families for families developed?
    - How do staff work with families to build trust/ sustain engagement?
    - Can you give some examples of the support that is provided – can you give some typical and less typical examples?
  - How would things be different for families without the programme – if at all?

- **What does the troubled families service looks like from the families' perspective?**
  - What specific outcomes do families achieve through the programme?
  - Are these the intended outcomes?
  - In what timeframe are these achieved?
  - How do the costs of achieving these outcomes compare with previous approaches to service delivery?
  - How is it different to their previous experiences of services?

- **What proportion of families drop out?**
  - When does this happen?
  - Under what circumstances might services stop working with a family?
  - What about families there is no progress with? Why does this happen?

- **What happens to families on exiting the programme?**
  - When would you close a case?

- **What impact are Troubled Families Employment Advisors having?**
  Overall, what would success for the Troubled Families Programme for families in your LA look like for you?

6. Summary views on local delivery and national programme

I'd just like to finish with some final questions on how you see the programme overall.

- **Given all the things we have discussed, what do you feel is working well locally? What is working less well?**
  - Do you have any suggestions for improvements to the programme?

- **Overall, what do you see as the impacts of the programme for families and services of the Programme – positive and negative?**

- **How do you see your service developing over the remaining life of the programme?**
  - In your local context, what outcomes do you expect from the programme?
  - What activities locally will lead to these outcomes?
  - Looking ahead, what are the main plans for further rolling out the service over the next 12 months?
  - How similar or different will the troubled families service look 12 months from now?

- **Will be evaluating the programme over the next 3 years – what kinds of things do you think we will find?**

AOB thanks and close

Keyworker topic guide.

7. Introductions and background
Explain purpose / aim of the study is they are unclear. **Ipsos MORI is conducting elements of the national evaluation of the Troubled Families Programme in which we are speaking to practitioners and families in ten local authorities to engage with a wide range of views and experiences. We would like to speak to you as part of this study.**   Explain confidentiality: **All your responses will remain confidential and all reporting will be in the aggregate i.e. not identifying individuals.**   Ask if they have any questions before starting interview.   Ask for permission to record: **This is so that we can review our discussion; we may also transcribe the interview. Three months after the project is completed the recording will be destroyed.**   NOTE PARTICIPANTS' AGE, GENDER, ETHNICITY

Ask about practitioner's work history and role:

- **Could you give me a quick overview / summary of your current role and your job title? [Keyworker or Lead worker?**
- **Which agency within the local authority do you work for?**
- **Is this your main role?**
- **Do you hold any other roles?** Can you explain how your time is split?
- **How long have you been in the role?**
- **Can you describe the purpose of the role?**
- **What were you doing before this (past work experience, previously obtained qualifications)?**

8. National programme and local context

I have some initial questions about the work you do as part of the Troubled Families Programme.
- **What kind of families do you work with? Can you tell me about their characteristics…?**
  - Age of parents/ children
  - Lone parents/ two-parent households
  - Ethnicity
  - Work status
  - Previous involvement with services

- **What are the key issues facing the families you work with?**
  What kind of situations are they in; what might have happened to them?
- **What outcomes are you are working to?**
- **Historically – and more recently – how have these issues been approached by local agencies?**
  - How successful has this been, has it been a joined-up approach?

 I also have some questions about your thoughts on the Troubled Families Programme:

- **How would you describe the overarching objectives of the Troubled Families Programme nationally?**
- **How would you describe the overarching objectives of the Troubled Families local programme?**
  - What are your views on these objectives?
- **Have you noticed any changes in your LA's approach to working with families since the Troubled Families Programme began?**
  - Can you describe these?

Whole family intervention

It would be helpful to discuss a few aspects of the programme in more detail. First of all, the 'whole family intervention' approach.

- **How would you define this? What does whole-family working mean for you?**

- **What is different to this new way of working compared to what families were getting before?**
- **Is whole-family working this being delivered?**
    - If so – what is driving success?
    - What are the challenges?
- **Do you feel there is evidence that this approach improves outcomes?**

Integrated and multi-agency working

- **How would you define integrated and multi-agency working?**
  Which is happening in your LA? Can you give some examples?

- **Is this a new way of working?**
    - What are the challenges or barriers to working in this way?
    - What are the things that make working this way successful?

- **How are relationships being built with agencies/ partners?**
    - Which partners are you involved with?
    - How engaged are agencies/ partners? Why?
    - Who do you contact if you experience problems/challenges with partners?

- **Do you feel there is evidence from your experience that working directly with partners improves outcomes?**

- **What are the incentives for partners to work with you?**
  Which of these are the strongest incentives? Why?

9. Key/ lead worker role in delivering the Troubled Families Programme

I've now got some more detailed questions around your role in delivering the programme:

- **How many families are you working with?**
    - Who else is working with them?
    - How intensively?

- **Could you describe your caseload?**
    - How manageable or otherwise it is?
    - What range of needs does it cover?
    - Are you targeting families with the highest needs or is early intervention more of a priority?
    - Given the criteria for inclusion has changed under the Expanded Programme, how has your caseload changed?

- **Did you have any specific training in relation to your role in the programme?**
  - To what extent has it been helpful and how?
  - Did you request this training or were you referred to it?
  - Is there any other training that might be helpful to you, and why?

- **How do families come to the attention of troubled families teams in your LA?**
  - How are families identified & engaged?
  - How are the assessment criteria for families potentially eligible for the scheme applied?
  - How well are referral routes working?

- **Once they are referred, how is the best person to work with them identified?**

- **What support is available to families on the programme?**
  - How long do you work with them for?
  - Who else works with them and why?
  - Can you give some examples of the support that is provided – can you give some typical and less typical examples?
  - How different is this support to what they had before?
  - Is the support in the form of accredited programmes, or given in the home?

- **How do you approach initial contact with families?**
  - How do you make the practical arrangements for conducting the first visit?
  - How does it work after that?
  - How do you work with families to build trust/ sustain engagement?

- **How are outcome plans for families for families developed?**
  - How do you learn about the plan for addressing the families' problems?
  - What happens if you uncover further problems when you start working with families?

- **How do you keep the families engaged?**

- **How do you sequence the family's problems?**
  - Is there a particular method of ordering the problems within families?
  - What are the specific steps/approaches followed?
  - What do you tackle first? Why?
  - How successful or otherwise is this approach?

- **Are you able to do what your families need you to do – are there any constraints?**
  - Does it require different skillsets?
  - How much freedom do you have to work flexibly with the families?
    - Is there a process you are obliged to follow?

o What do you think of the amount of flexibility you have?

- **How – if it all – has the Expanded Programme changed the nature of your work/ your role?**
  - What do you know about the Expanded Programme and the differences compared to the first programme?
  - Has it changed how you work with families?
  - Is your relationship with families different from the relationship you have with families previously? (IF APPLICABLE)

- **Is the right support available for you?**
  - Do you have opportunities to meet and discuss relevant issues with people working in similar roles across the country?
  - How do you hear about examples of best practice?
  - Who do you go to if you have a problem?

10. Outcomes for families

I'd now like to turn to thinking about what troubled families means for the families you are working with.

- **What does the troubled families service looks like from the families' perspective?**
  - How do problems they face relate to each other?
  - Does tackling some problems help with other problems?
  - What are the key problems holding families back?

- **How is it different to their previous experiences of services?**

- **What specific outcomes do families achieve through the programme?**
  - Are these the intended outcomes?
  - Are these the most important outcomes in your opinion?
  - In what timeframe are these achieved?

- **How do the costs of achieving these outcomes compare with previous approaches to service delivery?**
  - Which aspects of the Troubled Families Programme are responsible for these changes?

- **How are you measuring progress for families?**
  - Do you know what family progress measures you are working to?
  - How do you set clear goals for measuring significant and sustained progress?

- **What happens when families drop out?**
  - Under what circumstances might you stop working with a family?
  - What about families you can't make any progress with? Why does this happen?

- **What happens to families on exiting the programme?**
  - When would you close a case?

- **How are outcomes with families sustained?**

- **Overall, what would success for the Troubled Families Programme for families in your LA look like for you?**

11. Summary views on local delivery and national Programme

I'd just like to finish with some final questions on how you see the programme overall.

- **Given all the things we have discussed, what do you feel is working well locally? What is working less well?**
  - Do you have any suggestions for improvements to the programme?

- **Overall, what do you see as the impacts of the programme for families and services of the Expanded Programme – positive and negative?**

- **How do you see your service developing over the remaining life of the programme?**
  - In your local context, what outcomes do you expect from the programme?
  - What activities locally will lead to these outcomes?

- **Will be evaluating the programme over the next 3 years – what kinds of things do you think we will find?**

AOB thanks and close

Troubled Families Employment Advisers topic guide.

12. Introductions and background

Explain purpose / aim of the study if they are unclear. **Ipsos MORI is conducting elements of the national evaluation of the Troubled Families Programme in which we are speaking to practitioners and families in ten local authorities to engage with a wide range of views and experiences. We would like to speak to you as part of this study.**

Explain confidentiality: **All your responses will remain confidential and all reporting will be in the aggregate i.e. not identifying individuals.**

Ask if they have any questions before starting interview.

Ask for permission to record: **This is so that we can review our discussion; we may also transcribe the interview. Three months after the project is completed the recording will be destroyed.**

Ask about practitioner's work history and role:

- **Could you give me a quick overview / summary of your current role and your job title?**

- **Is this your main role?**

- **Do you hold any other roles?** Can you explain how your time is split?

- **How long have you been in the role?**

- **Can you describe the purpose of the role?**

- **What were you doing before this (past work experience, previously obtained qualifications)?**
  - Did you have any specialist roles before becoming a TFEA which have helped in the role?

- **How long have you been in the role?**
  - Are you new to working in this LA?

- **How do split your time across your three objectives:**
  - What proportion is spent on one-on-one work with families?
  - Who else do you work with?
  - What are your key roles, how many others work in the same role as you?
  - How do you split your time between JCP and the LA office?

- **How are you managed on a day to day basis?**
  - Who is your LA line manager?
  - How do you work with your JCP line manager?
  - How you agree priorities working with your LA line manager and DWPs line manager?
  - Including yourself, how many TFEAs are in the LA?

13. National programme and local context

I have some questions about your thoughts on the Troubled Families Programme:

- **How would you describe the overarching objectives of the national Troubled Families Programme?**
  - What are your views on these objectives?

- **How would you describe the overarching objectives of the local Troubled Families Programme?**
  - What are your views on these objectives?

- **What kind of families do you work with? Can you tell me about their characteristics...**
  - Age of parents/ children

o Lone parents/ two-parent households

o Ethnicity

o Readiness for work

- **What are the key issues facing the families you work with?**
  - What kind of situations are they in; what might have happened to them?

- **Historically – and more recently – how have these issues been approached by local agencies?**
  - How successful has this been, has it been a joined-up approach?

Working with partners

- **How would you define integrated or multi-agency working?**

- **Is this happening in your LA? Can you give some examples?**
  - Which partners are they working closest with on the ground?
    ((e.g. police/ health/ children's social workers/ youth services)
  - Are you about to make strategic links with partners to join up services? (for example through JCP, JCP Partnership Manager, City Deals, LEPs, Transforming Rehabilitation, etc.)

- **Is this a new way of working?**
  - What are the challenges or barriers to working in this way?
  - What are the things that make working this way successful?

- **How do you work with keyworkers/ lead workers to support families?**

- **How well do partnerships work with those who refer families to you?**
  - How engaged are frontline staff/ agencies/ partners?
  - What are the challenges of working with these partners?
  - Who do you contact if you experience problems/challenges with partners?

- **Do you feel there is evidence from your experience that working directly with keyworkers/ partners improves outcomes?**

- **What are the incentives for partners to work with you?**
  - Which of these are the strongest incentives? Why?

Working with LAs

- **What kinds of things are you doing to raise awareness within your LA of DWP services/provision?**
  - How have you done this (upskilling staff, case conferencing, administration and recording of

data/progress etc.)

Working with DWP colleagues

- **How often do you refer families to DWP Welfare to Work (W2W) services?**
    - In what kinds of situation does this happen?
- **What kinds of things are you doing to raise awareness with JCP colleagues of the Troubled Families Programme/ approach?**
    - Have you spoken with claimant office-based work coaches?
- **Who do you work with in specialist roles within DWP?**
    - Partnership managers?
    - National Employer Service Team?
    - Social Justice work coaches
    - Employment and Benefits Advisor (EBA)
    - Disability Employment Advisor (DEA)
- **Can you describe how you work with these staff?**

14. TFEA role in delivering the Troubled Families Programme

I've now got some questions around your role in delivering the programme:

- **Did you have any specific training in relation to your role in the programme?**
    - To what extent has it been helpful and how?
    - Did you request this training or were you referred to it?
    - Is there any other training that might be helpful to you, and why?

- **Do you use the TFEA Handbook to help guide your work?**
    - How helpful is it? Is there anything missing?
    - Do they get enough/too much guidance from DWP centrally?

- **Is the right support available for you?**
    - Do you have opportunities to meet and discuss relevant issues with people working in similar roles across the country?
    - How do you hear about examples of best practice?
    - Who do you go to if you have a problem? (local authority line manager, JCP line manager, DWP central OED (Operational Excellence Division) team)

- **Are there any gaps in provision for families?**
    Are you referring families to other agencies/provision – if so what?

- **Do you work directly with families to deliver the programme?** *(IF YES CONTINUE, IF NO SKIP TO 'DO*

NOT WORK WITH FAMILIES DIRECTLY')

WORK WITH FAMILIES DIRECTLY

- **How do you approach initial contact with families?**
    - How does it work after that?
    - How do you assess their employment needs?
    - How do you work with families to build trust/ sustain engagement?

- **How many families are you working with?**
    - Who else is working with them?
    - How intensively?

- **Could you describe your caseload?**
    - Who within the families are you working with? (parents, NEETs (Not in Education, Employment or Training) etc.)
    - How manageable or otherwise it is?
    - What range of needs does it cover?
    - Probe on intensive needs vs. early intervention
    - Given the criteria for inclusion has changed under the Expanded Programme, how has your caseload changed?

- **Are you able to do what your families need you to do – are there any constraints?**
    - What do you do with families?
    - How much freedom do you have to work flexibly with the families?
        - Is there a process you are obliged to follow?
        - What do you think of the amount of flexibility you have?

- **How different is this support to what they had before?**

- **How – if it all – has the Expanded Programme changed the nature of your work/ your role?**
    - What do you know about the Expanded Programme and the differences compared to the first programme?
    - Has it changed how you work with families?
    - Is your relationship with families different from the relationship you have with families previously? (IF APPLICABLE)

- **Are you applying the whole-family working approach in your work with families?**
    - What is different to this new way of working compared to what families were getting before?
    - What is driving success for this approach?
    - What are the challenges in applying it?
    - Do you feel there is evidence that this approach improves outcomes?

- **What support is available to families in the programme?**
    - How long do you work with them for?
    - Who else works with them and why?
        - If someone else works with families do they work with families at the same time as the TFEA?
    - Can you give some examples of the support that is provided – can you give some typical and less typical examples?

DO NOT WORK WITH FAMILIES DIRECTLY

- **How do you support the most vulnerable families in your local areas?**
    - How do you work with key/ lead workers?
    - What kinds of things do you do with families?
    - How does your work contribute to troubled families employment outcome?

15. Outcomes for families

I'd now like to turn to thinking about what the Troubled Families Programme means for the families you are working with.

- **What specific outcomes do families achieve through the programme?**
    - Are these the intended outcomes?
    - Are these the most important outcomes in your opinion?
    - In what timeframe are these achieved?

- **How do the costs of achieving these outcomes compare with previous approaches to service delivery?**
    - Which aspects of the Troubled Families Programme are responsible for these changes?

- **How are you measuring progress for families?**
    - Do you know what family progress measures you are working to?
    - How do you set clear goals for measuring significant and sustained progress?
    - Are there other social justice/soft outcomes achieved? (e.g. moving the person closer to employment for example building confidence etc.)
    - To what extent are other family members incentivised to move into training/employment by the actions of others in the family?
    - What are the challenges to either driving or evidencing impact?

- **What factors do you think will make the programme successful?**
    - Do you feel there is evidence from your experience that employment advice improves outcomes for families?

- **Overall, what would success for the TFEA element of the Troubled Families Programme for families in**

your LA look like for you?

16. Summary views on local delivery and national programme

I'd just like to finish with some final questions on how you see the programme overall.

- **Given all the things we have discussed, what do you feel is working well locally? What is working less well?**
    - Do you have any suggestions for improvements to the programme?

- **Overall, what do you see as the impacts of the programme for families and services of the programme – positive and negative?**

- **How do you see your service developing over the remaining life of the programme?**
    - In your local context, what outcomes do you expect from the programme?
    - What activities locally will lead to these outcomes?

- **Will be evaluating the programme over the next 3 years – what kinds of things do you think we will find?**

AOB thanks and close

Families topic guide

1. Introduction and warm up

- **Researcher to introduce self (potentially with keyworker)**

- **Introduce Ipsos MORI, MRS code of conduct/ our ethical code of practice:** *I work for Ipsos MORI which is an independent research agency. This means that we don't work for [local authority] – we're completely independent and what you talk to us about today will have no impact on your relationship with the council or your keyworker – it is confidential.*

- **Introduce the research programme (conducted on behalf of LA/ central government)**: *We do all kinds of work speaking to the general public, and on this occasion, we've been asked to conduct some work for the Department of Communities and Local Government about the ways in which local councils support families.* We are speaking to lots of families around the country and it is all about getting your views on how **[the council/ your keyworker]** is helping you.

- **Introduce the timetable:** *We'd like to spend some time with you today finding out more about your life and the way in which [local authority] is supporting you. We'd also like to keep in touch with you with a couple of short telephone calls over the next few months. We'd then like to come back to visit you again in about eight months – in summer next year – and find out how you're getting on, and if the support you've had from [local authority] has made a difference.*

- **Discuss format of interviews:** For today, we would like to spend a little bit of time talking to you about family life (such as how you spend your time, things you do for fun) and support services you

may have used in the past, we'll then go on to talk about your keyworker, including the reasons that you became involved with him/ her – does that sound okay?

- *It's very important that you know that:*
    - *There are no right or wrong answers – we just want to understand your experiences and views*
    - *Everyone's views are valid, and we'd like to hear from everyone in the family if possible – but if there's anything you'd prefer not to talk about in front of other family members then please just let us know – you don't have to answer any questions you'd prefer not to*
    - *Everything that you tell us is completely confidential and won't be reported back to [local authority/ keyworker] – unless what you tell us informs us that someone may be in danger or risk of harm, in which case we have a duty to report it*

- **Establish which (if any) of the children would be happy to speak to researchers separately and whether parents are okay for children to be present now they know more about the topics**

- **Discuss consent and talk through key points on the participant information sheet and consent form – ensure these are understood:**

- **Ask permission to record if you feel it is appropriate - don't feel like you have to if the participant may not be comfortable and you have a note taker!**

2. Initial questions about family life

- I'd now like to ask some questions to find out a little bit more about you and the local area. [QUESTIONS TO WHOLE FAMILY]
    - How long have you lived in this area?
    - What it is it like to live round here?
        - What do you like/ dislike about this area?
        - Do you know your neighbours very much?
        - What is there to do for fun?
        - What local services are nearby?

    - How do you [all] spend your days? [ASK EACH PERSON IN TURN AND EXPLORE A LITTLE]
        - Where do you go to school/ study/ work?
        - Are you looking for work?
        - Do you get any help looking for work?

    - What kinds of things do you do for fun?
        - Are there leisure facilities around here?
        - Do you use a sure start children's centre for any fun activities?

    - Do you have friends or family who living close by?
        - What sort of things do you do with your friends and family?
        - Do you visit them/ they visit you/ go out together/ go into town?
        - How often do you see them?
        - Does anyone help you with babysitting or childcare? Do you help anyone yourself?

3. Housing questions

- Can you tell me, first of all, how long you have lived in this place?
    - What do you think about your home?
    - What is good about it? What is less good or could be improved?
    - How easy or difficult was it for your family to find somewhere to live?
        - Did anyone help you? How?
    - Do you own or rent your home?
    - IF RENTING: Who is your landlord?
        - How do you get on with them?
        - Have you ever had to report a problem to them? What happened?
    - IF OWNING: Do you have a mortgage?
        - How easy or difficult do you find it to pay for your mortgage?
        - How do deal with any problems with your home? Have you had any problems recently? What did you do?
    - Do you plan to stay living here in the longer term? Why – or why not?

4. Family life & issues/ challenges

I'd now like to ask you a little about your family and some of the challenges or issues you might be experiencing now or have been through in the past.

Double check okay to have children present if you feel you should. You could also remind that people don't have to answer any questions they don't feel comfortable with

- How would you describe family life for you at the moment?

    - What is good about being at home with the family?
    - What is more difficult? Explore sensitively
    - Have things always been like this – or have things been different in the past?

- What are the kind of things you feel you need support with at the moment?

IF APPROPRIATE AT THIS POINT:

- What are the things you've needed help with in the past?
- Have there been any big issues that were stopping you getting your life on track?
- Have you had any support for these issues?

5. Views and feelings about support services

Support mapping exercise: I'd now like to spend some time thinking about the support or advice you've had in the past in a little bit more detail. We can use this 'map' together to write down when you've had support around different issues, and what kind of help you got – I can write things down for you if it's easier

- Can you tell me what kind of support you've had in the past around [area]? What about now?

ADMIN: double check okay to have children present if you feel it might be necessary

IF HELPFUL PROMPT ON THE FOLLOWING:

- Employment/ training support e.g. Jobcentre
- Nursery/ children centres/ schools/ colleges e.g. Sure Start
- Welfare support/ benefits advice
- Health support e.g. GP, clinic, hospital
- Criminal justice support e.g. probation officer

- o Social services support
  - o Addiction/ dependency services
  - o Charities e.g. CAB (Citizens Advice Bureaux)
  - o Housing services/ social landlord
  - o Other local services e.g. library

- WHEN MAPPING EXERCISE IS COMPLETE, ASK IF EVERYTHING HAS BEEN COVERED – Is anything missing?

- EXPLORE FAMILY CIRCUMSTANCES WHEN FIRST FACING DIFFICULTIES:
  - o What problems did you have when you started receiving that support?
  - o How were you feeling at the time?

- So – what sort of support or advice did you receive from this person/ organisation?

- How did you find out about this help?

- What did you think of the support they received?
  - o Staff members?
  - o Environment (if setting-based)?
  - o Frequency of contact?
  - o Continuity?
  - o Quality of support and advice?

- How did these services work together?

  - o Did they talk to each other?

  - o Was anyone helping you coordinate things overall or to understand what the different people/ organisations were doing?

- How did you feel about the different agencies supporting you at that time/ in the past – did you feel at any point overwhelmed or that there was too much going on – or did you feel supported and glad of the involvement?

6. Experiences of the local Troubled Families Programme

I'd now like to talk to you in more detail about the support you've had from [keyworker]

USE THE TIMELINES HERE TO MAP PARTICIPANT'S EXPERIENCES OF KEYWORKER AND OTHERS SUPPORTING THEM

The referral process

- How did you first hear about [keyworker/ brand name]?

- What was explained to you about the support on offer?

- After you first heard about the [keyworker/ brand name] programme, what happened next?

  - o How did you feel about this?

- Where did you hear about it from?

      o Did you have everything they needed to know?

- Did you understand the reasons you were referred to the service/ the keyworker? How was this explained to you?

- Is there anyone else who is helping you regularly?

Engagement and assessment

- Can you talk us through what happened next –
  - How long did it take before you met [keyworker]?
  - How did they introduce themselves to you – did they just turn up at your home or did someone introduce them?
  - What happened at the first visit/ second visit?
  - What did you think of [keyworker] in those early days?
  - How did you feel about their involvement with your family?

- Did you have some sort of assessment from [keyworker] around that time?
  - Can you describe the process for me?
  - What did you think of the assessment?

- How did you feel about starting to see [keyworker]?
  - What were your expectations of them and what they would help you with?
  - Did anyone explain what they were there to support you with?

- How easy or difficult was it to access the support? How did this compare to other services you've used before?
  NB MAY NOT THINK OF IT LIKE THIS – THOUGH IN SOME RARE INSTANCES THEY MAY SELF-REFER

Experiences of the support

I'd now like to talk a bit more about your keyworker and the support they've given you over the last few months.

- Can you describe the help you've received from your keyworker? INTERVIEWER – PROBE AROUND THINGS YOU'VE PICKED UP FROM SCREENER IF NECESSARY.
  - How often do you see them – and where?
  - What kinds of things do they help you with?
  - Have they put you in touch with other organisations that can help you?
  - Have they helped you get onto any courses?
  - Do they have any contact with the other agencies that see you/ support you?
  - Is there any other help they give you we haven't mentioned?

- Are you receiving any help around looking for work?
  - Who is this from – keyworker/ TFEA/ someone else?
  - How did you access this support?
  - What do you think of it?
  - How does it compare to other employment support you might have had before?
  - Are you attending any regular sessions or courses? Can you tell me when you go? Who do you go with and for how long?

■ What do you think of these sessions?

Sequencing and goals

- You've talked about a few things that your keyworker has helped with – how did you decide which issues or problems were most important?
    - Were there things you agreed to look at first – or was it all at the same time?

- Do you have anything written down that talks about the things you are doing to help with issues and problems?
- Do you have goals that you are working towards?
    - What are these goals?
    - What do you think about them?
    - Have you achieved any of these goals?

Views on keyworker support

- What do you think of [keyworker] and the support they offer you?
    - How would you describe the work they have done so far?
    - Can you give an example of when they have helped you? How did they help and why did it make a difference?
    - What kind of things about the keyworker mean that they can help you?

- Is there anything else that [keyworker] could be doing to help you? Meeting their needs?
    - Have there been any times when you wanted them to act differently? Can you give an example?

- To what extent does it make a difference to have just one person working with you and helping you with the challenges you face?
    - Is this different from before? How?

- [Keyworker] is aiming to support everyone in the family, not just one person. Is this something you have noticed? NB MAY NOT FEEL RELEVANT TO ALL FAMILIES
    - Is this different to the support you've had before? Can you explain how?
    - Is this better or worse than before – and why?

- What do your children / partner think of your keyworker?
    - What sort of contact do they have with the keyworker?
    - Does the keyworker talk to them about any issues they are having – or is it more of an informal/ friendly chat?
    - Does the keyworker take the kids out for leisure activities?

- Overall, what do you like about the support you get? Is there anything you dislike?
- How long do you think the support will continue for?
    - How do you know this?
    - How do you feel about this?

7. Impacts of the support

- Do you think things have changed for you or your family since you started seeing your keyworker?
    - Is there anything you do differently? For example, in your parenting, in your job hunting.
    - Do you **feel** differently about anything?

- Can you describe the changes? Has [keyworker] helped you in:
    - Overcoming any practical difficulties?
    - Looking for work?
    - Relationships with family members?
    - Health?
    - Doing new things?
    - Progress towards any goals you have?
    - How much control you feel you have over life?
    - How motivated you feel?
    - Confidence?
    - Feelings about the future?

- What differences, if any, have you noticed for your children? Has anything changed for them? PROMPT IF NECESSARY ON:
    - Behaviour/ confidence
    - Happiness at home
    - Behaviour/ happiness at school
    - Health
    - Relationships with you/ others

- IF USING A TROUBLED FAMILY EMPLOYMENT ADVISOR/ LOOKING FOR WORK:
    - Has anything changed about your approach to looking for work? Can you give me some examples?

- Do you think this might have changed if you weren't on the programme?

- Are you in a position where you could do without [keyworker's] support now?
    - If not, when do you think you might be?

8. Expectations for the future

- What help do you expect to get from the programme in the next 3-6 months? Over the next year?
- What are your hopes for your family in the coming months?
- If I come back to speak to you in 6 months, what kind of things will have changed? What would you want to be saying about the goals you've described?
    - How do you expect the support you're receiving to be helping you in achieving this?

9. Discussions with children

- *Thank you for your help with this so far.*

- *I'd now like to speak to you on your own for a while so that I can hear your own views, which is important*

- **Confidentiality**: *It's important that you know that I won't tell anyone else what you tell me – unless you tell me anything which suggests that someone else may need help. Do you understand that?*
- **Consent**: *We will be talking together for about 45 minutes and I'm going to be asking you to think about your family, your life and [keyworker] and how they have helped you. Are you happy to do that with me?* If you don't want to answer anything then that is fine and you do not need to give a reason why

- I'd like to start with some questions about your life:
    - Can you describe an ordinary day to me?
    - What things do you like to do?
        - With family?
        - With friends?
- Could you tell me about your school?

    - Where is it?
    - When do you go there?
    - What do you like about it?
    - Is there anything you don't like about it?

I want to talk to you about [keyworker] and some of the things you've been doing with them – it doesn't matter if you can't remember everything, and there are no right or wrong answers.

Previous experience of services

Refer to earlier family mapping discussion and explore the child's experience of the services they have used to date – use the questions below for each of the services:

- Thinking about [service name]
    - What were the people like who were involved?
    - What was good about them?
    - What was less good about them?
    - How, if at all, did they help you?

Experiences/ perceptions of local TF support

- Can you remember when [keyworker] started visiting? What happened – how did you get to know them?
    - What was their first visit like/what was it like in the first week?
    - Did you like having them around?
    - Has anyone else (people from other services) been coming round since?

- What kinds of things has [keyworker] been doing with your family?
    - Can you describe the things they do with you?
    - Can you describe the things they do with your parents?

- Have they asked you to do anything? What do you think about this?
    - How long did this take?
    - How easy or difficult did you find this?

- What do you think of having [keyworker] to help your family?
  - If you could describe them in three words, what words would you choose? Why?
  - What do you like about having [keyworker] around?
  - Is there anything you like less about them being around?

- Are there any ways you'd like them to help you that they don't already?

Impact of the local troubled families support

Timeline/journey mapping exercise: I'd now like to talk to you about how you felt about things before [keyworker] started visiting, and how this might have changed since then. Use the relevant stimulus to support this exercise if helpful.

Part 1: Pre-Troubled Families Programme

- Thinking about what things were like before [keyworker] started visiting…
  - What did you like about your life?
  - What did you not like about your life?
  - What did you think about school?
  - How did your parent(s) feel about things?
  - Do you remember social workers or anyone else coming round to help your family before [keyworker]?
  - Why do you think [keyworker] started coming round?

Part 2: The Troubled Families Programme

- Thinking now about how things have been since [keyworker] started visiting…
  - [If applicable] What are the main differences between working with [keyworker] and other social workers, if any?
  - Have you noticed any changes in your family since [keyworker] started working with you?
    - What are these? Who has been affected?
    - Have you been affected by having [keyworker] around? How?
    - What are the main differences in having [keyworker] around compared to before they started visiting?

Thoughts about the future

- What do are your hopes for your family in the coming months?

- If I come back to speak to you in 6 months, what kind of things do you think might have changed?

10. Warm down and close

- Given all the things we've discussed, is there anything about the support you're receiving we haven't covered that you feel might be important?

- Thank participants for all their help/ time and introduce/ invite them to take part in further research.

- **Further interview in 2016:** *If possible we'd like you to take part in another interview just like this one – we'd like to talk to you in summer next year to find out how you're getting on and if the support*

you are getting from your local authority is making a difference to your lives. Would you be interested in doing this?

- **Diary work:** *We'd also like you to take part in keeping a diary until we meet you again – this will help us understand some of the things that happen to you and how [keyworker] is helping you with challenges you might be facing. Anyone in the family who is over 10 years old and would like do so can do.*

  I have a paper version of the diary here – it has a few questions which we'd like you to complete every fortnight.

  TALK THE PARTICIPANT THROUGH EACH OF THE QUESTIONS AND CHECK THEY UNDERSTAND THEM

  Would you be willing to do this?

  Do you have a smartphone or an iPad/ tablet? It's also possible to do the diary using an app – would you prefer to do it like that?

  DEMONSTRATE/ EXPLAIN APP TO PARTICIPANT
  ➢ If participant prefers app, explain next steps

- **Catch-up calls:** *We'd also like to give you a call a couple of times before we meet you again – just to catch up, find out how you're getting on and check you'd like to stay involved. Would you be happy for us to do this?*

- **Reiterate informed consent: You'll remember at the start of the interview you signed and agreed to the statements on this form. Are you still happy to agree to this? If there's anything else you'd like to tell me or ask me about taking part you can do that now.**

- **Confirm contact details and best way to keep in touch.**

- **Thank all family members and close interview.**

Families topic guide: accompanying exercises

Family mapping exercise

In the past...

At the moment...

Health

Home

Work

Schools

Money

Timeline

When they first started supporting you, what were they helping with?

At the moment, how are they supporting you?

In the future, what (if anything) would you like their support with?

Keyworker

Any other people/ services supporting you

Any other people/ services supporting you

Appendix 2: aggregate sample information

Family sample achieved: aggregate profile information	
Household structure type:	▪ Single parents - 21 ▪ Couples - 27
Number of dependent children[14] in household:	▪ 1-2 dependents - 24 ▪ 3-4 dependents - 20 ▪ 4+ dependents - 4
Child under 5 in household:	▪ Yes - 23 ▪ No - 25
Family worker type:	▪ Keyworker - 36 ▪ Lead worker - 9 ▪ Unknown - 3

Staff/ practitioner sample achieved: aggregate profile information	
Staff/ practitioner type:	▪ Troubled Families Co-ordinator – 9 ▪ Keyworker - 17 ▪ TFEA - 6 ▪ Programme partner – 21 ▪ Other - 8

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[14] This includes adult 'children' i.e. dependents 16 and above living in the family home

Appendix 3: thematic code frame

Theme	Sub-theme
1. Background and context	**1.1 Who was interviewed?** - Name and age of each family member interviewed
	1.2 Household composition - Who is in the family - How they spend their time - Other contextual information
	1.3 Key/ lead worker – brief contextual information - Who is the key/ lead worker supporting them (if they have one)? - What is their role/ skillset? - How long have they worked with the family?
	1.4 Historic challenges faced by family - To provide context for the current situation, describe what these have been and how recently they happened
	1.5 Current challenges faced - Describe what these are, how they came about and the current status
	1.6 Family life - How do they describe it at the moment?
	1.7 Housing situation
	1.8 Other relevant issues
2. Past experiences of support In each of these sections, please describe the *services which supported participants*, their *experiences* of it, and their *views*	**2.1 Overall picture of support to the family**
	2.2 Crime/ ASB – past experiences of support
	2.3 School attendance - past experiences of support
	2.4 Child protection- past experiences of support
	2.5 Domestic abuse-past experiences of support
	2.6 (Mental) health- past experiences of support
	2.7 Employment- past experiences of support
	2.8 Finance and welfare- past experiences of support
	2.9 Other problems- past experiences of support
3. Current experiences of support In each of these sections, please describe the *services which supported participants*, their *experiences* of it, and their *views*. This should cover	**3.1 Overall picture of support to the family**
	3.2 Crime/ ASB – current experiences of support
	3.3 School attendance– current experiences of support
	3.4 Child protection – current experiences of support

experience of the keyworker and anyone else currently offering support	3.5 Domestic abuse – current experiences of support
	3.6 (Mental) health – current experiences of support
	3.7 Employment – current experiences of support
	3.8 Finance and welfare – current experiences of support
	3.9 Other problems – current experiences of support
4. Family journey to troubled families support Here, please describe what happened to the family and when with regard to each strand of support they are receiving, and their views of it NB. For this section some questions are for keyworkers - please see guidance in capitals. All other sections relate to families only.	4.1 'Whole family working' model (KEYWORKERS ONLY) - What does the keyworker think of this? - How well do they think it is working? - What does it mean for families?
	4.2 'Lead worker' model (KEYWORKERS ONLY) - How is this working? -How many troubled families does each worker have at any one time (FTE)
	4.3 Referral process (FAMILIES AND KEYWORKERS) - How long from referral to first intervention? - What were the reasons for the referral - How did they feel about it? KEYWORKERS - How does this work from the keyworker's perspective? - Describe the approach to assessing families' needs
	4.4 Engagement and assessment (FAMILIES AND KEYWORKERS) - Describe the approach to assessing families' needs
	4.5 Experiences of early contacts/ first meetings (FAMILIES AND KEYWORKERS)
	4.6 Sequencing and goals (FAMILIES AND KEYWORKERS) - How do they prioritise issues for the families? - What agreements were made with families about how to work together? - What goals are they working towards and how were these agreed? KEYWORKERS - How do they prioritise issues for the families? - What agreements do they make with families about how to work together?
	4.7 Family/ individual relationship with key/ lead worker (FAMILIES AND KEYWORKERS) - What specific support does the keyworker provide (refer to earlier if required) - How do they feel about it? - How was this developed or built? - What is important about or characterises the keyworkers' approach?
	4.8 Family/ individual relationship with other support workers (FAMILIES ONLY) - What specific support does the support worker provide (refer to earlier if required) - How do they feel about it? - How was this developed or built? - What characterises their approach?
	4.9 What are keyworkers doing well? (FAMILIES ONLY)

	4.10What are keyworkers doing less well? (FAMILIES ONLY)
	4.11 How does the Troubled Families Programme compare to support received before? (FAMILIES ONLY)
5 Impact and looking ahead	5.1 How has the programme impacted on family life? - Please give detailed examples – refer to earlier if required
	5.2 Where do the family see themselves in the future? - What are their goals?

6   Researcher reflections
 	
Here it would be useful to know whether there was evidence of the *whole-family working model* and of the *lead-worker model* in this family's experience
	6.1 Whole family working
	  - Was there evidence of this?
	  - What was the impact for the family?

	6.2 Lead/ keyworker model - Was there evidence of this? - What was the impact for the family?
	6.3 Links with themes from practitioner interviews?
	6.4 Other reflections Anything else missed from previous sections

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